This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

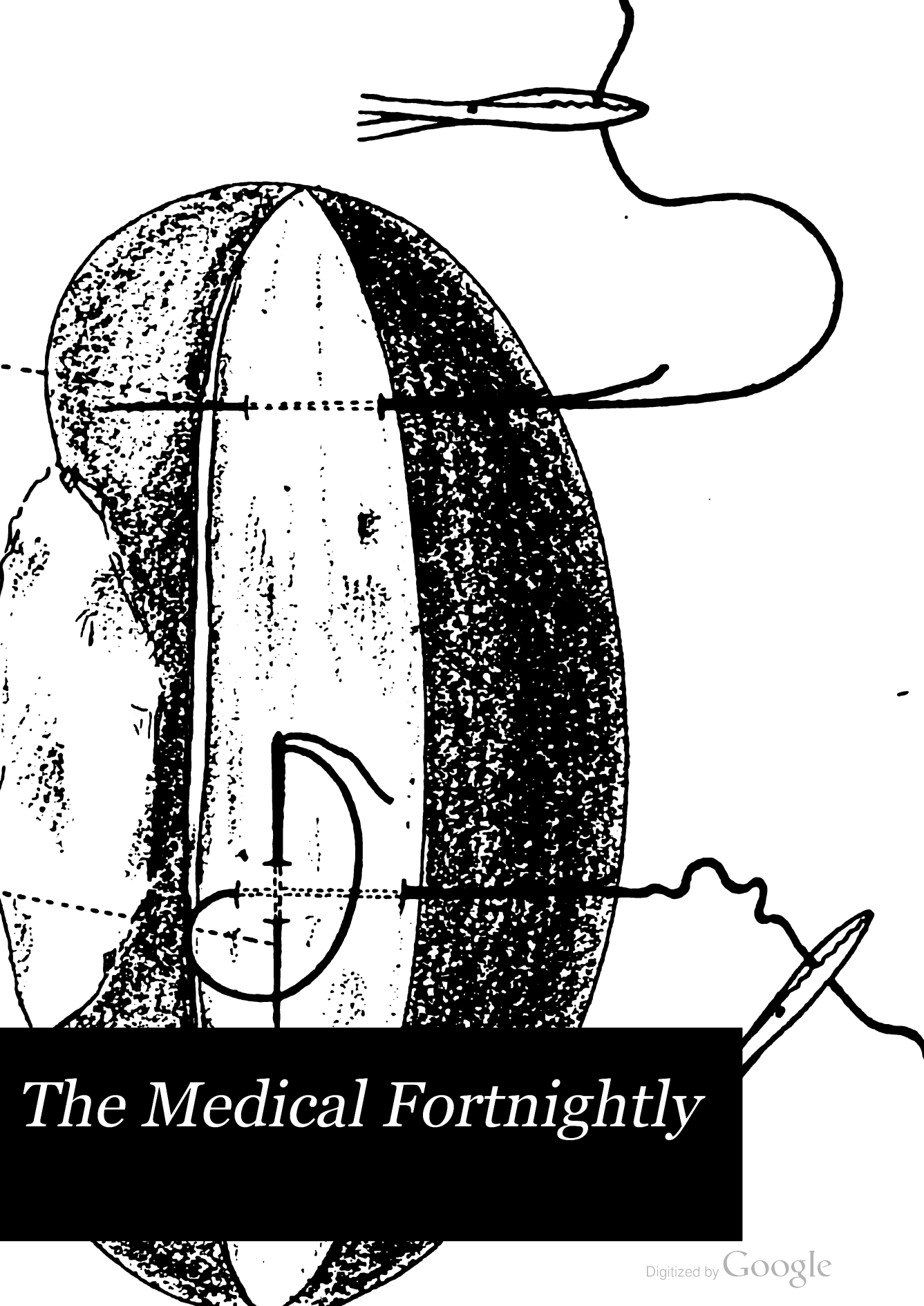
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



The Medical Fortnightly

Digitized by Google

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

LIBRARY
AUG 12 1915
BOSTON MEDICAL

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, TUESDAY, JANUARY 10, 1911. No. 1

Papers for the orginal department must be contributed exclusively to this magasine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M: D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

"SO-CALLED CHRONIC RHEUMATISM"—CHRONIC FIBROSITIS: TREATMENT.*

MAURICE PACKARD, M. D.

NEW YORK

Adjunct Professor of Clinical Medicine, New York Polyclinic Medical School and Hospital; Adjunct Attending Physician, New York Hospital for Nervous Diseases.

The conditions to be discussed in this paper tonight are not only of intense interest to internists, but, on account of their great influence on the comfort and pleasure of life, demand the closest study by the medical profession at large. They are the commoner forms of joint and muscular trouble, so-called chronic rheumatism. The label "chronic rheumatism" means absolutely nothing, but, like the term uric acid diathesis, has been used for a number of years to clothe our ignorance.

Let me state here that I have never seen a true case of chronic articular rheumatism, and I think that the medical faculty, especially of this school, owe a debt of gratitude to Professor Katzenbach, who first showed us the light on this important study.

An acute rheumatic arthritis, when it subsides, never leaves any deformity or impairment of function. Consequently, when deformity supervenes upon one or more attacks of acute arthritis, you may rest assured that you are not dealing with the toxemia or toxins of acute rheumatic fever, but, in the majority of instances, with definite pathological changes, to which the term "fibrositis" has been very aptly applied.

Pathology.—This consists of an inflammatory hyperplasia of the white fibrous tissue of the periarticular structure. This synovial membrane-cartilage and bone (I am not speaking of the osteo-arthritis or the hypertropic form of rheumatoid arthritis) are not primarily involved, but the fibrous tissues of the joints, muscles and bones, especially the aponeuroses and the insertions of the muscles, fascias and the periosteum, are attacked. This hyperplasia of the fibrous tissue occurs in patches, and is caused, in all probability, by some irritating substance conveyed by the blood stream, such as the products of intestinal putrefaction or some unknown germs, when these white fibrous structures are in a condition of minor resistance, due to injury or exposure to wet and cold. Besides resulting from this chemical irritation, fibrositis may be caused by trauma, as pressure or sprains, and reflexly, by nervous disturbances. This hyperplasia causes stiffness and soreness in the joints and muscles, and the inflamed area is naturally tender and painful to the touch. The swollen tissue frequently can be felt on palpation and is sometimes evident by the elevation of the skin. This thickening of the fibrous tissue, unless suitably treated, remains as an induration. These indurations, as a rule, are circumscribed, and are situated in the subcutaneous tissue, the muscles, tendons, aponeuroses and periosteum. Indurations of muscles are very apt to result from excessive muscular effort, such as writer's cramp, or in muscles which are exposed, as in cases of stiffneck, or in the back, as in cases of long standing lumbago.

Time does not allow me to go into details regarding other forms of chronic joint and muscular troubles which have been treated erroneously with salicylates with the self-evident result of failure. I suppose the most common condition, which we see in the clinic, are the so-called cases of pes planus. If we only remember that these cases are, at first, not flat feet, but weak feet, and that pes planus causes no pain

*Read before the Clinical Society of the New York Polyclinic Medical School and Hospital, October 5, 1910.

Digitized by Google

while the patient is in bed, but that pain becomes exquisite when walking on bare feet, this rudimentary knowledge will save us from a number of mistakes.

The next most common condition is that which is produced by the gonococcus. Formerly we thought that gonorrheal rheumatism was nonarticular, but after closer study of chronic joint troubles, we now know that many cases assume the polyarticular form.

Syphilis and tuberculosis commonly attack the joints, and in the newer serum reactions we have a wonderful aid to diagnosis. Let me state here that the von Pirquet reaction for tuberculosis is an excellent diagnostic test in children, but in the adult it is not so useful. In the adult I prefer the old fashioned method of tuberculin injection.

Among the rarer conditions, which we see now and then, which have been called chronic rheumatism, is the Charcot joint of tabes, and a condition which does not involve the joint at all, but the skin, scleraderma.

Treatment of Chronic Fibrositis.—Inasmuch as uric acid is nothing more or less than a harmless by-product of the human economy, and is increased or decreased by the quantity of purin bases which is taken into the body, irrespective of disease, let us forget the literature of proprietary manufacturers and pseudo-scientists. The greater number of these patients are anemic and half-starved. Their systems have been craving for red meats and other nutritive substances, since their affliction, and I can state confidently that instead of doing harm, these foods increase the resistance of the patient to the toxemia.

Kinnicut, in the Presbyterian Hospital, has been experimenting with the calcium free diet of Rumpf, and states that although the improvement in the joints has been but little, the intervals between the acute exacerbations of these chronic joints have been greatly lengthened.

This diet would exclude our old sheet-anchors, milk and eggs, and depend upon sugar, potato, butter, boiled meat, fish, tea and cream.

Underclothing.—Our directions about underclothing in chronic fibrositis were previously summed up in the old English clinical adage: "Stick to your woolens until your woolens stick to you." Underwear which allows of no free evaporation of sweat and causes a sodden garment to remain in contact with the skin, in my mind produces a great deal of harm. Personally, I am a convert to porous linen, but if the patient complains of cold, the outer clothing should be heavier and warmer.

Local Treatment.—In all chronic inflammatory conditions, rest is probably the most important method of treatment. This can be accomplished by bandaging, strapping and using orthopedic appliances. Heat, in the form of baking, electric light, hot baths or high frequency current, is a most useful adjuvant in these cases. It certainly lowers the blood pressure, dilates the peripheral blood vessels, causes sweating and alleviates pain.

The Bier method, although useful in acute conditions, has proved of no value in my hands in the treatment of these chronic joints.

Massage is useful in chronic conditions, but it should never be employed in acute exacerbations. In a number of instances, massage has broken up the indurations and entirely cured the fibrositis of a muscle.

As to Drug Treatment.—Saline aperients, I believe, are the best means of keeping the bowels open in these cases: and this should be insisted upon, as constipation, with its concomitant intoxication and hyperacidity, plays an important part in the etiology of these cases.

Salicylates, in any form, may relieve pain to some extent, but are certainly of no curative value.

Iodide of potassium is a most valuable drug in any form of chronic hyperplastic inflammation. It should always be given combined with alkalies, as bicarbonate of soda, with plenty of water. Besides its action on hyperplastic tissue, it stimulates the thyroid to activity, and is, in all truth, the best eliminant we possess. Although thymus extract is praised by good observers, my experience with it has been too limited to judge of its value.

Fibrolysin, a chemical combination of theosinamin and sodium salicylate, is the drug I wish to bring to your attention tonight. It is freely soluble in water, but the solution undergoes oxidation when kept in the presence of air and light. It is therefore sealed in phials, one of which I show you now.

Theosinamin is an allyl-sulpho-urea, and was originally used on scar tissue. The action of this drug caused the scar tissue to swell, stretch and become soft. It must be administered by intramuscular, subcutaneous or intravenous injection, as it has very little effect, except to cause a nasty gastritis, when given by mouth.

My method is to give an injection every other day, hypodermatically, in the muscles

Digitized by Google

between the shoulder blades, for 10 injections, and it is only occasionally that I give the injection at the location of the fibrositis. After 10 injections, which are given, of course, under strict antiseptic precautions, I allow a ten days' interval of rest, before beginning the second course. As a rule 20 injections are sufficient, but sometimes 30 or even 40 are necessary.

These injections are painful to some patients, and not at all to others. Some complain of a burning sensation at the site, and a slight nauseousness. My observations have been that the blood pressure is immediately lowered from 5 to 10 degrees Riva Rocci. The pulse is slightly quickened and urination is increased. Leucocytosis (15,000-20,000) results within 10 hours, but rapidly recedes to normal.

Pain in the joints and muscles is relieved after one or two injections, and even recovery, after a series of injections take place. I have seen deformed and useless joints take on a fairly normal contour and become very mobile. I do not believe it to be a specific in all cases of chronic fibrositis, but in my hands it has proved a wonderful agent for these formerly hopeless conditions.*

I know there are many here tonight who will state that they have used this agent in such and such a pathological lesion without any result. But the proof of the pudding is in the eating, and, after all, results tell the story.

My series of twelve cases has been selected from both private and clinic practice. In all there has been marked improvement, and in 4, to all intents and purposes, recovery. My first case was treated two years ago, and as yet I have seen no relapse. All of these cases were considered hopeless, and my treatment was certainly regarded with more than dubious suspicion by the medical staff of this institution.

As the evening program is long, I will not read you the histories of all of these cases, but will read you a brief synopsis of one chronic articular and one chronic muscular fibrositis treated by this drug.

Chronic Articular Fibrositis or Atrophic Rheumatoid Arthritis. — Mrs. T. K., United States, 55, wife of a banker, presented herself at my office September, 1909, with the following history: fifteen years previously she began to complain of pain in the joints of the hands and feet, with an occasional pain through the rest of the body. This would last for a week or so, and then subside. No history of tonsillitis at the time. She noticed that the joints in the hands and feet were becoming deformed about seven years ago. Pain then became chronic, and although she has taken baking, electricity, massage, and every medicant that reputable physicians and clinicians have given her, she had had no relief.

The patient was very well nourished, in fact stout, but somewhat anemic. Hemoglobin 70, and without going into a detailed story of examination, she presented a true case of rheumatoid arthritis. Blood pressure was 180 Riva Rocci.

I started her on injections of fibrolysin, and after the second injection, improvement was marked. After 10 injections, I sent her to Atlantic City for two weeks. On her return she received another course of 10 injections. Pain subsided entirely after the fourth injection, and the joint showed a marked improvement as to contour and size. Although their configuration is not entirely normal, she is able to sew and to use them without the slightest pain, where previously the feeblest effort caused her agony.

There has been no relapse.

Chronic Muscular Fibrositis.—J. R., actor, 42 years of age, came to me five years ago complaining of pain in the right lumbar region. He was rather frightened, as he had consulted two physicians, one of whom had taken an X-ray and found two stones in the pelvis of the right kidney. As the pains were constant, alleviated to some extent by walking and aggravated markedly by sexual relations, and as the kidney could not be felt, although indurations described by Cheadle were felt as tender bodies in the right lumbar region, I made the diagnosis of chronic lumbago.

Massage by an expert was prescribed, and he was relieved, but not entirely cured. Now and then his pains became more intense, and this summer, although resting, he stated life was not worth living with this back.

Another X-ray picture was taken, and again a shadow fell across the plate. He returned to me, and this, as well as every other time, I found his urine perfectly normal, and with the same history as previously, as well as the same findings, I declared positively that even if the X-ray showed stones in the kidney, the condition he was suffering from was a chronic muscular one. Dr. Edward Keyes, Jr., saw him with me,

* The contraindications for fibrolysin would necessarily be its absorptive power on scar tissue and cases of healed pulmonary tuberculosis. In the discussion of this paper it was stated that the use of thiosinamine, its most active ingredient, had caused old tubercular foci to again become active.

Digitized by Google

and concurred in every detail with my diagnosis.

Fibrolysin was started without any other agent, and he stated that after the first injection, for the first time in years he was absolutely free from pain. His course consisted only of 10 injections, with apparent recovery.

In conclusion, let me thank you for your kind attention and hope that this paper will lead you to give a trial to this agent in these pitiable conditions, where invalidism formerly was the only prospect.

203 West 79th street.

THE TREATMENT OF SYPHILIS WITH "606" (DIOXIDIAMIDOARSENOBEZOL) —A PRELIMINARY REPORT OF PERSONAL EXPERIENCE IN 40 CASES.

JOSEPH L. BOEHM, PH. G., M. D.

ST. LOUIS.

Formerly Professor of Genito-Urinary Diseases, St. Louis College of Physicians and Surgeons.

Specific chemical therapeutics is a recent advance in scientific medicine and is especially exemplified by the brilliant work of Paul Ehrlich of Frankfort, Germany. He has discovered an organic arsenic compound (dioxidiamidoarsenobenzol dichlorid), or as it is popularly called "606."

Ehrlich has conclusively proven that definite chemical compounds are especially attracted to certain parasites; he called these parasiotropic. These chemicals also have the property of destroying cell protoplasm and are poisonous, hence are also organotropic.

The therapeutic value of such drugs in parasitic disease, is dependent on the determination of an existence of the proper relation between such parasitotropic and organotropic properties. It was of paramount importance to establish this determination for arseno benzol, or "606," and it is now proven conclusively that the parasitotropic power overbalances by far the organotropic.

Dr. Louis H. Marks, an assistant of Ehrlich's in an address, says: "The basic idea, that a specific chemical affinity exists between specific living cells and specific chemical substances, is his (Ehrlich's) main, most valuable, broadest and most suggestive contribution to science. It was this idea that was at the foundation of his famous studies on the morphology of the cellular constitution of the blood. Ehrlich believed, and this belief found sufficient support in his twenty-five years of experience, that for each specific parasite, a specific curative drug must and could be found."

The cardinal principle in the treatment of syphilis is embodied in the following "In order permanently to cure a parasitic disease it is necessary to destroy in the shortest time every single parasite with one injection of a drug, as it can be readily seen that if complete sterilization is not achieved and frequently repeated doses are necessary, the substances would soon lose all effect, and the patient would then be worse off than before treatment was begun." Ehrlich therefore has discovered a specific for treponema pallidum, and the writer can absolutely certify that it will completely destroy this parasite in many cases in a single injection.

Arsenic is not a new therapeutic agent. The older salts of arsenic, used medicinally are trioxide or arsenous acid, trioidide, potassium arsenite, sodium arsenite, and sodium cacodylate. The predominating feature of the action of all these arsenical salts is irritation, whether externally or internally used. In addition to this property it was long ago recognized that these salts had some antiseptic effect and were intensely irritating to the gastro-intestinal tract. It has been used to improve nutrition, as in anemias and skin diseases, to control neuroses, and as an alterative in chronic malarial and syphilitic cachexias. While arsenic whether as an organic or inorganic salt is very rapidly absorbed, its elimination from the body does not occur as rapidly. Autopsies have shown that arsenic has been stored up in the liver and kidneys for many days following its administration. Its elimination takes place chiefly through the kidneys, the glands of the skin, the mucous membrane of the alimentary tract, in the bile and saliva. Arsenic was detected in the urine by Gaillard six and one-half weeks after the last administration of same.

It is of great import to bear these facts in mind as will be shown in considering, when not to administer "606," and the contraindications to the use of same.

Atoxyl, an anilin-arsenic compound, has been extensively used; the studies and observation of Ehrlich with the use of this compound lead him to discover the most effective manner of curing syphilis is by practicing his theory of "Therapia sterilisans magna." The significance of this is the killing of as many treponema pallidum (spirochaeta pallida) as possible with a single maximum dose, as very large doses of quinine are given in some malarial cases, according to the same theory.

Digitized by Google

INDICATIONS FOR THE USE OF "606."

Before considering the use of "606" the following facts must be determined. Is the patient a recent or old syphilitic? If he presents primary or suspicious secondary lesion, smear of the secretion from such lesion should be made, examined either with the dark field illuminating apparatus or staining same, to establish the presence or absence of spirochaetae. A Wasserman blood test must be made in order to determine the condition of patient's blood, and possibly a Wasserman test of the cerebrospinal fluid. If then spirochaetae are found in such a primary lesion, it should wherever possible be excised at once, and after such excision "606" be administered. Corbus in 1908, in harmony with Neisser and Jadason, championed the total excision of the chancre, not believing that leutic infection could be aborted, but that in excising the chancre many spirochaetae were gotten rid of. Specific medication was begun immediately after such an excision; rapid and good results are reported from such treatment.

Ehrlich's recent letter of October 25, 1910, says the following: "I desire to especially emphasize the following views: primary affections or lesions should be treated as early and quickly as possible and where mostly the patients are strong, young individuals at least 0.5 gram of "606," should be injected intravenously. Moreover it would be advisable for the sake of local sterilization to apply energetic local treatment as extirpation cauterziation or some other approved method."

"The greatest precaution must be used in disease of the central nervous system and the circulatory apparatus as far as they are fit for treatment at all. Indications and contraindications for the use of this drug have been positively established. With the exception of optic atrophy, it may be used in typical syphilitic eye affections." Therefore in well advanced cases of cerebrospinal syphilis as tabes, paresis, etc., it must be cautiously used if at all. Preponderance of evidence is against its use in aneurisms.

Dose.—The dose depends on the age of the patient, and the severity of the infection. For men the average intramuscular dose is 0.6 gram. In some cases an initial dose of 0.5 gram intravenously is followed by 06. gram intramuscularly in several days, and found to be beneficial to the patient. In women the average dose is from 0.45 to 06. gram, depending on the weight of the individual. In infants, with congenital lues, 0.002 gram for those from 5 to 6 weeks old has been given several times intramuscularly. An especial warning is to remember that it may be advisable instead of injecting infants to administer "606" to the nursing mother. Several deaths have been reported in infants due to the large amount of endotoxins liberated from the dead spirochaetae, instead of attributing such death to acute arsenical poisoning. In such a nursing mother, after the administration of "606" arsenic was not found in the milk. Ehrlich explains this phenomenon by the theory that the sudden destruction of spirochaetes sets free a large amount of endotoxins, which excite the production of antitoxins, these latter are transmitted through the mother's milk to the child with a curative and prophylactic action.

METHODS OF ADMINISTRATION.

The method preferred and recommended strongly by Ehrlich is first, intravenous injection of a weak alkaline solution; second, the intramuscular injection of an alkaline solution. He repudiates the injection of a suspension of the drug, as was originally used by many of the Germans. The intravenous method will in the opinion of the writer be the most favorite method in the future. This method was devised by Schrieber and is followed at times by some unpleasant symptoms as vomiting, marked depression and rise of temperature. In association with Corbus the writer has used this method in several cases and the results were such as to recommend it as superior in many respects to the intramuscular. However the proper technique is more difficult than the other methods and the greatest precaution must be exercised in having the solution absolutely clear, so that no foreign particle enters the circulation. The proper appliances for making such solution must be carefully used and the introduction of air into the vein must be studiously avoided. There are none of the reactions following the intravenous method that are so commonly found after the intramuscular; 100 to 120 cc.. of solution are used for the intravenous administration. For the intramuscular 15 to 20 c.c. are used. In both methods the skin must be as carefully cleansed as for a surgical operation, with soap, alcohol, etc., and finally painted with iodine over the site of the injection. Following the injection the site of puncture should again be painted with iodine and covered with sterile gauze and collodion or adhesive plaster. Very severe pain may follow intramuscular injection, from 1 to 24

Digitized by Google

hours. The gluteal muscles, the interscapular or subscapular regions may be used. When injecting into the buttocks care should be used so as not to injure the sciatic nerve. Patients will often be unable to sit on the buttocks for a week following the injection. If "606" is injected in suspension instead of solution painful large nodular masses will follow, which will be slowly absorbed and frequently give rise to abscess. For this reason the drug in solution being more readily absorbed is far preferable to the other method.

SYMPTOMS FOLLOWING INJECTION.

When this drug is used in nonsyphilitics, no rise of temperature follows its use; however when the patient is luetic a slight rise of temperature may frequently follow up to 102.5 deg. F., for about 24 hours.

Leucocytosis perhaps hyperleucocytosis may follow during the first two or three days. Diarrhea as a rule does not occur, constipation is more usual, necessitating the daily use of a morning laxative. Dryness of the mouth and throat is common. Polyuria is a frequent complaint for two or three days following. One case of a heavy smoker, in the practice of the writer stated that for one week following his injection, he could not tolerate tobacco when he previously had smoked ten cigars a day. Night sweats are not uncommon, the perspiration often having a garlicky odor. Eruptions such as macular spots may frequently follow the use of the drug, lasting only two or three days. An itching diffused erythema may follow. These eruptions as a rule are of no importance and is known as the Herxheimer reaction. Geronne and Huggenberg report that about half an hour after an intravenous injection a leutic eruption may become intensely red disappearing in about 24 hours. Wechselmann attributes the Herxheimer reaction to the dose of "606" being too small to kill all the spirochaetae. This may be an ordinary symptom of anaphylaxis such as is seen following the injection of serums and antitoxins. However a second injection of the drug can be given if the theory of Wechselmann be correct, and this treatment fortified with the subsequent use of mercury.

The writer believes it is good practice to preceed the use of "606" by giving by mouth for twenty-four hours pilocarpine muriate in 1-16 to 1-40 grain doses, well diluted three times a day, with the idea that it will stimulate the glandular organs to secretion, and may possibly wake up some latent spirochaete into activity so that they may enter the circulation and be more readily reached by the "606." The ideal results are best demonstrated in cases of primary lesions, before the spirochaete have sufficient time to invade the whole system. We need not wait for secondaries as was previously pointed out by Ehrlich, but proceed to sterilize the patient by administering the initial dose, preferably an intravenous injection, and perhaps following this in about five days time with an intramuscular injection of a weak alkaline solution. The first dose will act immediately by its direct action, possibly killing a certain number of the parasites, the antibodies which now form may act in an antidotal manner on those remaining unaffected by the first injection. A second injection may kill these paraistes neither affected by the first or the antibodies. This is what is signified when common reference is made to the cure of syphilis by a single injection of the Ehrlich drug, viz., 05. gram intravenously followed in five days by an equivalent quantity intramuscularly.

This same treatment may not alone be limited to the primary lesion but is equally efficacious in secondary and tertiary lesions. It must be remembered that comparatively few patients present themselves for treatment in the primary stage, but more commonly in the early and late secondary.

Is it possible to kill all the spirochaetae with one or two doses? This is impossible to absolutely determine as yet, but what we know as absolutely correct is that with a single injection we can destroy all the spirochaetae in a primary or secondary lesion with such an injection, as for example in the chancre or a mucous patch of the mouth or fauces, when examination of these lesions after such treatment failed to show a single parasite.

Ehrlich suggests in tertiary syphilis there are more antibodies in the circulation and a single injection stimulates the organism most remarkably, and the strain of spirochaetae is much weakened and exhausted in virulency, therefore a small quantity of the specific, "606" is far reaching.

We must remember that syphilis in the secondary stages is a cardio vascular disease, with extensive endarteritis; therefore the preliminary administration of pilocarpine muriate, as above suggested, to the intravenous injection of "606," theoretically is well founded.

The Wasserman test should be made before and after using the specific; it is quite essential to have a Wasserman laboratory conveniently at hand in order to scientifically study the results of our treatment. A differential blood count should be made

Digitized by Google

before and after treatment so as to study the progress of the cases. In many of our cases observed, the Wasserman reaction became negative in three weeks time following the initial treatment of arseno-benzol. In one case it was negative in 18 days after treatment.

In association with Dr. B. C. Corbus, of Chicago, the writer had the opportunity of studying the results of and the administration of the treatment, etc., in thirty-five cases; this work was among the pioneer work in treatment with "606" in this country. I desire to herewith express my thanks to the doctor for his kindness in affording me this opportunity for personal observation and work.

The following were amongst those of our most interesting cases: Two cases of ulcerating sclerotic chancre healed entirely in thirteen days following treatment, combined intramuscular and intravenous, without any evidence of any secondary symptoms.

Thirteen cases of various secondary manifestations, all having mucous patches, examination of such patches showing spirochaete. The oldest cases had these patches persisting for four years in his mouth, and was undoubtedly just as infectious as when he contracted his disease.

Cases of erosive ulcers as the primary lesion healed entirely within six days time. Papulo-pustular and deep ulcerative syphilides completely disappeared in two weeks time after treatment.

One case of cerebral luetic endarteritis, in coma for two days with hemiplegia, a true spirochaetal septicemia, two weeks after first dose of arseno-benzol patient was up and about, four weeks after his first attack he got the second injection and was able to walk about on the street.

One case of a male with a most unsightly crustaceous syphilide, of an oystershell type, covering both lower limbs, trunk and face, responded most admirably to a single injection, when he had previously taken six months continuous mercurial treatment with no response.

A severe ulceration of throat, with a pseudomembrane covering the pillars of both fauces and uvula, in which spirochaeta were present, faded away in three days following treatment.

Cases in which smears of a suspicious primary lesion do not show the presence of spirochaeta should be refused treatment with "606."

The following are offered as a guide for treatment as observed by the writer in the successful treatment of cases mentioned:

1. Arseno-benzol or "606" as an additional therapeutic resource and asset in the treatment of syphilis, is, far superior to mercury and potassium iodide but as yet undecided whether these two universally used drugs will be replaced by the former specific of Ehrlich.

2. Supplementary treatment with Hg and KI will be an adjuvant in treatment and certainly can accomplish nothing but good.

3. Several techniques of minor differences in the administration, have been used. A soluble alkaline or neutral solution is preferable to a suspension of same.

4. "606" should not be recklessly used. Many cases of well developed syphilis may present contraindication to its use, such as organic heart, kidney and lung diseases. Therefore a preliminary physical examination of a patient should be made for non-luetic diseases.

5. A Wasserman test of the blood, made by a competent laboratory worker, should always preceed and follow treatment with "606." Remember the personal equation must be considered in reports of the Wasserman test, depending on who made such a test.

6. The technique of administration of the remedy, whether intravenous or intramuscular, requires the greatest precaution in regards to surgical asepsis, both in preparation of the patient and the instruments and utensils used in preparing a solution of the arseno-benzol. The simplest technique is the better, the use of the fewest utensils the most desirable. Filter paper, and everything used in the technique must be thoroughly sterilized.

7. "606" should never be used as a routine medicinal agent in office practice. It must not be administered in the usual careless manner that an injection of a mercurial salt is made. A far superior asepsis is mandatory and imperative. The patient must be in a hospital and remain there for four or five days following treatment. A leucocyte count should be made before and after treatment for several days, temperature carefully watched, local signs and symptoms of any reaction carefully observed and noted.

8. Syphilitic cachexia and anemia disappear remarkably. In a few days a clear shiny skin, rosy cheeks and a cheerful countenance substitute the former resemblance of a death mask. Great caution must be exercised in using the drug in parasyphilitic condition, such as well developed tabes, paresis, optic atrophy and other cerebrospinal manifestations.

Digitized by Google

9. It remains for the next generation, at least, to determine the exact prophylactic value of "606." Propagation of offspring from luetic parents is the essential determining factor of such prophylactic valuation, in regards to whether such offspring has inherited syphilis or not.

10. It is injudicious and fallacious for a physician to promise too brilliant results to those on whom we use "606." Candidates for matrimony should not be guaranteed or assured that a prematrimonial, sterilizing dose of the drug, will eradicate all future possible traces of a former spirochaetal infection.

11. Remember that arseno-benzol is a poison, while being distinctly parasitotropic there may be an especial idiosyncrasy in some individuals in which it may be strongly organotropic. Therefore when this new remedy is placed in general distribution to the profession, fatal results may be reported for the foregoing reason as well as following any violation of the rules of thorough surgical asepsis in treatment with this new drug.

715 North 8th street.

THE CAUSE AND CURE OF INGROWING TOE NAIL.

CHARLES C. MILLER, M. D.

CHICAGO

How much misinformation there can be about a little thing, a contemptible little thing, is illustrated by what is said and written about ingrowing toe nail.

Every school girl of fourteen and every old crow who toddles along the sunny side can tell you how to cure the trouble. The great dignified systems of surgery describe various and sundry cures, and what a joy it is to the eminent surgeons who deal with the subject of minor surgery, what adorable, ghastly toes they picture with knives and pincers and things sticking out of them, not to mention chunks and flaps, dislocated abbreviated or extirpated.

So much for the past, the wise young girls, the wise old men, the horse doctor, the house doctor, surgeon et al (eminent authors of text books of minor surgery included) all tell how to cut the nail, to stuff toothpicks, matches, paper or other rubbish under the corners. Don't cut the corners. No! No!. Cut the nail square, nick it in the middle, but cut it, hack it, keep hacking. Get out your little kit every night, hack the center out of the nail, shave the top, poke trash under the edges, hack at it, keeping hacking. That is the cause of all the trouble. It is not tight shoes, nor loose shoes, narrow toes, nor square toes that cause the corners to turn in, it is merely cutting the nail that does it. It is cutting the nail and cutting it short that causes ingrowing nail. No one ever saw a long toe nail that was ingrowing (unless the ice box fell on it and mashed it in); doubt if that parenthetic accident would do it; but cut the nail, cut it

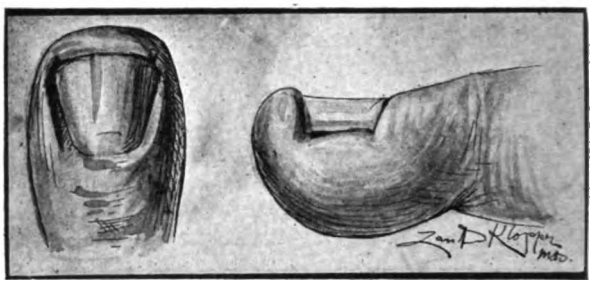


Fig. 1 and 2.—Ingrowing nail is invariably due to shortness of the nail. When the nail is cut short it sinks into the flesh. It is not necessary to let the angles grow out first. They may be cut deeply away and the center allowed to grow to a point, as the flesh is gradually pushed away from the end the angles may grow out without hindrance.

short and watch the soft tissues crowd over the end of the nail and watch how it sinks into the flesh. Pad the corners all you care to and still they will sink into the flesh. The prevention is obvious. The nail should always be allowed to remain long. It does not need to grow through the shoe or be dangerous to your wife, but it should be long. Have you got that, for that is the IT of this toe nail classic. The toe nail should always extend to the end of the toe and it will never ingrow.

But suppose, suppose this sagacious effusion has not come to your notice until the nail has ingrown, from being cut short. Suppose both corners are buried in overriding flesh. Under such circumstances

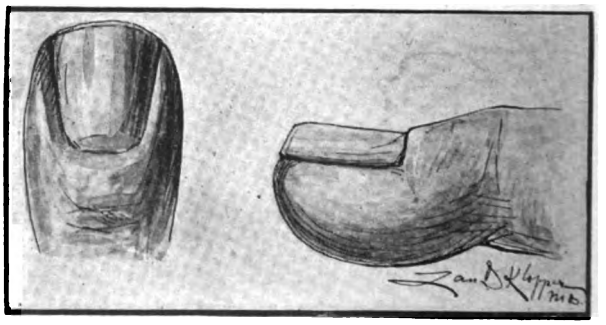


Fig. 3 and 4.—Illustrating the toe nail extending to the end of the toe. If the toe nail is allowed to grow long the ingrowing toe nail will never exist. The angles of the nail may be rounded to correspond with the end of the toe.

Digitized by Google

should one pry out the corners and poke under them wadding, jute or other extraneous matter? Not at all (nor need one consider those creepy pictures from the minor surgeries the sight of which give a gentle suggestion of sea sickness). Cut out the sharp ingrowing corners, just enough to keep them from continually digging into the flesh, but do not cut the end of the nail. Remember the nail must grow long, clear out to the end of the toe. Let the nail grow out and the corners and lateral edges will lift themselves out.

Cut the corners if you wish, but always let the nail be long, and even though the edge be rounded the nail will never be ingrown so long as the flesh can only crowd up from the sides but cannot override the end.

100 State street.

SURGICAL EPONYMS.*

MARTIN HAGEN, M. D.

CHICAGO, ILLINOIS.

(Continued from page 70.)

Navratil, Emerick von Szalok (1834-), Hungarian; surgeon, Budapest. Operation, method of synechotomy.

Nelaton, Auguste (1807-1873), French; surgeon to Emperor Napoleon III. Operations: 1. Excision of the shoulder-joint by a transverse incision. 2. Method of operating for incomplete harelip. 3. Neurorrhaphy. 4. Complete excision of the upper jaw by a median incision. 5. Removal of naso-pharyngeal polyps by the palatine route. 6. Rhinoplasty by two trapezoidal flaps from the cheeks. 7. For epispadias. 8. Enterotomy for obstruction. 9. Bullet-probe with an unglazed porcelain head with the aid of which he located a bullet in the foot of Garibaldi.

Nudorfer, Ignaz Josef (1825-1898), Hungarian; surgeon, Wien. Operations: 1. Excision of the head of the humerus by a supra-acromial incision. 2. For ectopia vesicae by approximation of the innominate bones.

Nicoladoni, Karl (1847-1902), Austrian; surgeon, Innsbruck. Operations: 1. Method of tendon suture. 2. Operation for paralytic calcaneus.

Nicolaysen, Julius (1831-), Norwegian; surgeon, Christiania. Operation, method of treating fracture of the neck of the femur by operation.

Nussbaum, John Nepomuk von (1829-1890), German; surgeon, Munchen. Operations: 1. Excision of the 2d division of the 5th nerve. 2. Tracheotomy. 3. Neurectasis.

Ochsner, Albert J. (1858-), American; surgeon, Chicago. Operation, method of treating esophegeal stricture.

O'Dwyer, Joseph P. (1841-1898), American; surgeon, New York. Operation, method of intubation.

Ogston, Alexander (1844-), Scotch; surgeon, Aberdeen. Operations: 1. For pes planus. 2. Osteo-orthrotomy for genu valgum. 3 For talipes.

Ogston-Luc (q.v.). Operation, method of opening the frontal sinus.

O'Halloran, Sylvester (1728-1807), Irish; surgeon, Limerick. Operation, method of amputation of the thigh.

Ollier-Hueter (q.v.). Operation, subperiosteal resection of the shoulder-joint.

Ollier, Louis Xavier Edouard Leopold (1830-1901), French; surgeon, Lyon. Operations: 1. Osteoplastic rhinoplasty. 2. Method of removing the superior maxilla. 3. Subperiosteal excision of the scapula. 4. Excision of the elbow joint. 5. Subperiosteal excision of the wrist-joint 6. Subperiosteal excision of the knee-joint. 7. Removal of naso-pharyngeal polyp by the nasal route.

Olshansen, Robert Michaelis (1835-), German; gynecologist, Halle. Operation, for retroposition of the uterus.

Ord, William Miller (1834-1902), English; surgeon, London. Operation, method of treating recent adhesions in joints.

Palfyn, Jean (1650-1730), Belgian; surgeon, Ghent. Operation, intestinal sutures secured in the skin. Inventor of the obstetrical forceps (1723).

Panas, Photinos (1832 1903), French; ophthalmologist, Paris. Operation, for congenital ptosis.

Pancoast, Joseph (1805-1882), American; surgeon, Philadelphia. Operations: 1. Plastic resection of nerves. 2. Subcutaneous osteoplasty. 3. Rhinoplasty for deformities. 4. Operation on the trifacial nerve at foramen ovale. 5. For ectopia vesicae. 6. For ununited fractures. 7. A form of tongue-and-groove suture.

Pare, Ambroise (1510-1590), French; surgeon, Paris. Operations: 1. Method of treating gun-shot wounds. 2. Ligation of arteries in amputation. 3. Repair of lacerated perineum. 4. Extracting loose cartilages from joints. 5. Herniotomy by "the royal stitch" method. ("In his book is found drawings of drainage tubes; club-foot boots; a saw, in every particular like that called Hey's; artificial legs, hands, nose, ears, eyes.")

* Additions and corrections will be gratefully received.

Digitized by Google

Park, Henry (1744-1831), English; surgeon, Liverpool. Operations: 1. Method of suturing. 2. Excision of the knee joint.

Parker, Willard (1800-1884), American; surgeon, New York. Operations: 1. For strabismus. 2. For appendiceal abscess. 3. Excision of the hip-joint. 4. Syndesmotomy for talipes varus.

Pean, Jules Emile (1830-1898), French; surgeon, Paris. Operation, pylorectomy.

Perrin, Maurice Constantin (1826-), French; surgeon, Paris. Operation, subastragaloid amputation by the oval method.

Petit, J. L. (1674-1750), French; anatomist and surgeon, Paris. Operations: 1. Method of amputating. 2. Method of enterorrhaphy.

Phelps, Abel Mix (1851-1902), American; surgeon, New York. Operation, for talipes equino-varus.

Physick, Philip Syng (1768-1837), American; surgeon, Philadelphia. Operations: 1. Method of opening the shoulder-joint. 2. Iridectomy. 3. Inventor of the stomach-pump.

Pillore, Henry (1807-1855), French; surgeon, Rouen. Operation, right inguinal colotomy.

Pirogoff, Nicolai Iwanowitsch (1810-1881), Russian; surgeon, Moscow. Operations. 1. Tibio-tarsal amputation. 2. Method of herniotomy. 3. Ligation of the lingual artery.

Politzer, Adam (1835-), Austrian; otologist, Vienna. Operations: 1. The creation of an artificial opening in the membrana tympani. 2. Division of the anterior ligament of the malleus. 3. Method of ventilating the middle ear.

Pollock, George (1817-1897), English; surgeon, London. Operations: 1. Amputation at the knee-joint. 2. For hemorrhoids.

Poncet, Antonin (1849-), French; surgeon, Lyon. Operations: 1. Lengthening of the tendo-Achillis. 2. Exothyropexy. 3. Cystostomy. 4. Urethrostomy.

Porro, Eduardo (1842-1902), Italian; obstetrician, Mailand. Operation, Cesarean section with panhysterectomy. Porro Muller (q.v.). Operation, method of performing Cesarean section.

Porro-Veit (q.v.). Operation, Cesarean the section with ligation and fixation of the stump after pan-hysterectomy.

Pott, Percival (1713-1788), English; surgeon, London. Operations, method of treating ostitis or caries of the vertebrae.

Powers, Henry (1829-), English; ophthalmologist, London Operation, removal of a corneal leucoma followed by the insertion of a rabitt's cornea.

Quaglino, Antonio (1817-), Italian; ophthalmologist, Pavia. Operation, method of sclerotomy.

Quittenbaum, Karl Friedrich (1793-1852), German; surgeon, Rostock. Operation, splenectomy.

Rau, Johannes Jacobus (1668-1719), German; surgeon, Leyden. Operation, method of lithotomy.

Ravaton, Hugues (-), French; surgeon, Lagnieu. Operations: 1. Double-flap amputation (1739). 2. Disarticulation at the thigh (1743).

Regnoli, Giorgio (1797-1858), Italian; surgeon, Pisa. Operation, infra-maxillary excision of the tongue.

Reverdin, Auguste (1849 1908), Swiss; surgeon, Geneva. Operation, method of skin-grafting.

Reybard, Jean Francois (1790-1863) French; surgeon, Lyon. Operations: 1. For empyema. 2. Method of enterorrhaphy. 3. Uretroplasty.

Richard, Adolphe (1822 1872), French; surgeon, Paris. Operation, for ectopia vesicae. Richter, August Gottlieb (1742-1812), German; surgeon, Gottingen. Operations: 1. Hernitomy. 2. Method of enterorrhaphy. 3. Enunciated the principle of dressing wounds "quickly, easily and rarely."

Roberts, John Bingham (1852-), American; surgeon, Philadelphia. Operation, method of correcting a deflected nasal septum.

Robinson, Byron (1855-1910), American; gynecologist, Chicago. Operations: 1. Circular enterorrhaphy. 2. Colpoperineorrhaphy. 3. Ligation of both ovarian arteries and the upper part of the uterine artery at the side of the uterus for uterine myomas.

Robson, Mayo (1853-), English; surgeon, London. Operations: 1. Gastrostomy. 2. Method of enterorrhaphy.

Roonhuyse, Hendrik von (1625-), Hollander; surgeon, Amsterdam. Operation, for torticollis.

Rose, William (1847-), English; surgeon London. Operations 1. Gasserectomy. 2. For simple complete harelip. 3. For double complete harelip.

Roser, Wilhelm (1817-1888), German; surgeon, Marburg. Operations: 1. Circumcision. 2. Amputation at the hip joint.

Rouge, Louis Philippe (1833-1895), Swiss; surgeon, Lausanne. Operations: 1. Rhinoplasty. 2. Removal of nasopharyngeal polyps. 3. Method of treating ozena. 4. Method of treating fracture of inferior maxilla.

Roux, Philibert Joseph (1780-1854), French; surgeon, Paris. Operations: 1.

Digitized by Google

Posterior gastro-jejunostomy. 2. Amputation at the ankle-joint.3. Neurotomy. 4. Plastic closure of defects. 5. Staphylorrhaphy. 6. For ectopia vesicae. 7. Excision of the tongue.

Rudtorffer, Franz Xaver (1760 1833), German; surgeon, Wien. Operation, for syndactylism.

Ruysch, Fredrik (1638-1731), Hollander; surgeon, Amsterdam. Operation, amputation at the wrist.

Sabatier, Raphael Bienvenu (1732 1811), French; surgeon, Paris. Operations: 1. Resection of the head of the humerus. 2. Method of closing intestinal wounds.

Salmon, Fredrick (1796 1868), English; surgeon, London. Operation, for hemorrhoids.

Sandifort, Eduard (1742-1814), Hollander; surgeon, Leiden. Reported the first observation of downward dislocation of the femur.

Sanson, Louis Joseph (1790-1841), French; surgeon, Paris. Operation, recto vesical lithotomy.

Sauter, Johann Nepomuk (1776 1840), Island of Reichenau; surgeon, Constance. Operation, vaginal hysterectomy.

Sayre, Lewis Albert (1820-1900), American; surgeon, New York. Operations: 1. Method of treating spondylitis and Pott's disease. 2. Method of treating hip-joint disease. 3. Formation of artificial hip joint. 4. Method of treating fractured clavicle. 5. Treating spinal curvature by the jury-mast head-swing.

Scarpa, Antonius (1747-1832), Italian; anatomist and surgeon, Padua. Operation, ligation of the femoral artery in Scarpa's triangle.

Shede, Max Eduard Herman Wilhelm (1844-), German; surgeon, Hamburg. Operations: 1. Thoracoplasty. 2. Method of treating necrosis of bone. 3. Method of skin-grafting.

Scoutetten, Raoul Henri Joseph (1799-1871), French; army surgeon. Operation, amputation at the hip by the oval method.

Scultettus, Johann (1595-1645), German; surgeon, Ulm. Operation, method of treating fractures.

Sedillot, Charles Emmanuel (1804 1883), French; surgeon, Strasburg. Operations: 1. Staphylorrhaphy. 2. Stomatoplasty. 3. Ligation of innominate artery. 4. Method of elinguation. 5. Amputation of the foot. 6. Amputation by the mixed double-flap method. 7 .Amputation of the thigh. 8. Gastrostomy.

Senn, Nicholas (1844-1908), American; surgeon, Chicago. Operations: 1. Lateral enterorrhaphy. 2. Circular enterorrhaphy. 3. Gastro-enterostomy.

Serre, Michel (1799-1840), French; surgeon, Paris. Operation, stomatoplasty.

Siebold, Karl Kaspar von (1736-1807), German; surgeon, Wurzburg. Operation, symphysiotomy.

Sigault, Jean Rene (1740-), French; surgeon, Paris. Operation, symphysiotomy.

Simon, Gustav (1824-1876), German; surgeon, Darmstadt. Operations: 1. Implantation of the ureters into the rectum by juxtaposition. 2. Perineorrhaphy. 3. For complete hare-lip. 4. For ectopia vesicae.

Simpson, Sir James Young (1811-1870), Scotch; gynecologist, Edinburg. Operations: 1 Introduction of chloroform as an anesthetic. 2. Inventor of acupressure. 3. Perineorrhaphy.

Sims, J. Marion (1813-1883), American; gynecologist, New York. Operations: 1. Silver wire suture. 2. A shotted or clamp suture. 3. Anterior colporrhaphy.

Skey, Frederic Carpenter (1798-1872), English; surgeon, London. Operation, tarso-metatarsal amputation.

Smellie, William (? -1763), English; obstetrician, London. Operation, method of extracting the aftercoming head.

Smith, Nathan (1762-1830), American; surgeon, Hartford. Operation, ovariotomy.

Smith, Robert William (1807-1873), Irish; surgeon, Dublin. Operation, amputation through the metatarsal bones.

Smyth, Andrew Woods (1833-), American; surgeon, New Orleans. Operation, ligation of the vertebral artery.

Snellen, Herman (1834-), Hollander; ophthalmologist, Utrecht. Operation, for entropion.

Socin, August (1837-1899), German; surgeon, Wurzburg. Operation, enucleation of superficial fibro-adenomata of the thyroid.

Solly Samuel (1805-1871) English-surgeon London. Operation, cuneiform osteotomy for talipes equino-varus.

Sonnenburg, Eduard (1848-), German; surgeon, Berlin. Operation, extirpation of the bladder in cetopia vesicae and ingrafting the ureters into the dorsal groove of the penis.

Sotteau, Auguste Joseph Henri (1802-1851), French; surgeon, Paris. Operation, herniotomy.

Spence, James (1812-1882), Scotch; surgeon, Edinburg. Operations: 1. Amputation of the thigh. 2. Exarticulation at the shoulder-joint by the racket method.

Stacke, Louis (1859-), German; otologist, Erfurt. Operations: 1. On the internal ear. 2. Method of mastoid operation.

Stilling, Benedict (1810-1879), German;

Digitized by Google

surgeon, Marburg. Operation, method of ovariotomy.

Stokes, Sir William (1839-), Irish; surgeon, Dublin. Operations: 1. Supracondyloid amputation with retention of the patella. 2. For pes planus.

Stoltz, Joseph Alexis (1803-1896), German; gynecologist, Strassburg. Operations: 1. For prolapsus uteri. 2. Pubiotomy.

Stromeyer, George Friedrich Louis (1804-1876), German army surgeon. Operation, subcutaneous tenotomy.

Syme, James (1799-1870), Scotch; surgeon, Edinburg. Operations: 1. Disarticulation of the foot. 2. External urethrotomy. 3. Ligation of aneurism. 4. Stomatoplasty. 5. Glossectomy. 6. Treatment of chronic ulcers. 7. Circular amputation of the thigh. 8. Rhinoplasty. 9. Cheiloplasty for central defect of the lower lip. 10. Excision of shoulder-joint. 11. Excision of ankle-joint.

(To be continued)

Philadelphia Bottlers Plead Guilty.—Pleading guilty to charges of adulterating their bottled drinks with saccharin, preferred against them by Harry P. Cassidy, special agent of the State Dairy and Food Commission, ten bottlers were fined $25 and costs, November 29.

As a result of the extraordinary agitation in recent months by Chinese anti-opium societies, the imperial Senate has passed a resolution almost unanimously looking to the drastic extermination of the drug. The interprovincial transportation of opium will be abolished in July 1911, and the planting of the seed and smoking will be prohibited after January, 1912.

Secretary of War Dickinson, in his report to Congress, referring to the fitness of the Filipino people for self-government, says: "There are very many highly educated Filipinos—many men of talent, ability, and brilliancy—but the percentage, in comparison with those who are wholly untrained in an understanding of, and the exercise of, political rights under a republican form of government, is so small, and under the best and most rapid development possible under existing conditions will for a long period continue so small, that it is a delusion, if the present policy of control of the islands by the American people shall continue, to encourage the Filipino people in the hope that the administration of the islands will be turned over to them within the time of the present generation."

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

A New Theory of Brain Localization.

In a recent contribution* Dr. E. W. Scripture of New York presents to the American profession the new theory of brain localization advanced by V. Monakow of Zurich; one must distinguish between the localization in the brain of the symptoms of a disease and the localization of the function affected. The localization of the symptoms of a cortical lesion means the reaction of the central nervous system to the localized injury. This arises from two factors: the direct anatomical result of the trauma by which a certain part of the brain is set out of activity, and the dynamic factor, the symptoms arising from irritations transmitted to many parts of the brain. This Monakow calls the diachisis factor; that is, an interruption of functions of portions of the brain outside the region of the original lesion. The cells affected by a lesion are of two kinds: the directly injured cells at the seat of the lesion and the indirectly disturbed cells at other points in the brain. If the indirectly disturbed cells find a way to adjust their activities completely recovery occurs, except from the direct results of the trauma. To get motoraphasia there must be disturbances widely separated in the brain. Under the newer meaning the center of speech includes all the widely separated parts of the brain that are involved in producing the spoken word. Only the elementary components of action may be localized, as brain reflexes All mental activities require large numbers of widely separated portions of the cortex for their existence. The author mentions three methods of psychoanalysis and illustrates their uses. They are the method of simple observation of experimental psychology and of psychoanalysis. Of the latter there are several subdivisions. One method is the running of associations. Another is that of assigning a topic concerning which all impromptu

*Medical Record, December 24, 1910.

Digitized by Google

thoughts are to be noted down. Another is the study of dreams. Psychoanalysis affords a method of investigation of the subconscious. It enables one to cure many persons who cannot be cured in any other way.

Unlabelled Poisons and Similar Evils.

The most commendable activity of the various government agencies in an effort to insure for the American public pure food and pure medicines has frequently been favorably commented upon by us; the work is one which should be furthered by physicians whenever and wherever opportunity offers itself. This work might well be made to include an active campaign against a kindred evil which also finds its explanation in commercial economy which is executed without regard to the possibility of the tremendous suffering which might be its result. We refer to the employment of old mineral water and other bottles as containers for ammonia, blueing and the like. Twice within recent months household ammonia has come to our home in bottles which have blown into their surface the legend that they contain Buffalo Lithia Water. The discovery led to an investigation of the laundry where numerous empties were found each of which had been serving as a container for ammonia or blueing, and without exception each by its shape or inscription told a story of harmless drinkables, usually of mineral water, or of one of the commoner soft drinks. The danger from this use for old bottles is so evident that it would seem that it should at once be most emphatically prohibited. In this connection we are reminded of an article from Cheavlier Jackson* on another related evil in which he calls attention to a danger that has not been sufficiently recognized. He has had under observation four little children threatened with starvation because of cicatricial esophageal stenosis due to the swallowing of some form of caustic alkali, to which our lax laws permit them to be exposed. Stricture from the swallowing of commercial lye has long been observed, but has been less frequent since the decline of homemade soap, but concentrated lye is still in extensive use and the market is flooded with proprietary cleansers and washing powders for household and laundry use. He has seen three cases of the most severe ulceration and sloughing of the esophagus due to these proprietary preparations. In one case the child swallowed the rinsings of the almost empty can. In another case, the cleansing powder had been sprinkled on the dishes in the dish pan and not sufficiently removed by rinsing, and in a third case the child drank some water from a cup which had been used for measuring out washing powder for laundry use. On not one of the containers of these widely advertised preparations was there any mention of their dangers or of antidotes to be used. On the contrary, the misleading statements as to the harmlessness of the preparations are on every package and in every advertisement. He brings up the subject before the Section on Laryngology and Rhinology of the American Medical Association in his chairman's address with the hope that something will be done in the matter and that the same laws that apply to the drug manufacturer in regard to the compulsory labeling of poisons may be extended to the manufacturers of these proprietary preparations also. Considering the cosmopolitan character of our population, especially our domestic servants, the caution label should be in many languages. He advises his hearers to inspect their own kitchens and find whether or not caustic alkalies are used with reckless disregard of their poisonous nature.

* Jour. A. M. A., November 26, 1910.

Proctology as A Specialty.

It is somewhat surprising that the profession should have been so slow to recognize proctology as one of the legitimate specialties. While the other specialties have grown and multiplied the work of this great city in this important branch was for years done by one lone though able man, by the surgeons, and by the irregulars, the last getting the bulk of the work. But the past decade has seen proctology coming into its own, there is now a list of something like a dozen who are specializing and there is room for more if they are able men. This will mean the extinction of the quack and the charlatan, and will be to the advantage of the public generally for the irregular be he ever so competent never continues competent, his game almost invariably becomes one of pure graft without regard for the pain and anxiety that it entails.

The American Proctologic Society has until recently failed to encourage men to enter this field, the society itself has presented the closed door to some of those who are doing legitimate work and who are men of high aims. That is an objection to

Digitized by Google

society of limited membership, or those which make membership hinge on the say-so of competitors in the local field. But the A. P. S. seems to be awakening to the necessity of a broader policy, and to the need of the proctologist's taking his place among recognized specialists; instead of exclusion they seem about to adopt inclusive principles. The following letter indicates the coming of this:

The American Proctologic Society announces through its committee that the cash sum of $100 will be awarded, as soon as possible in 1911, to the author of the best original essay on any disease of the colon in competition for the above prize.

Essays must be submitted to the secretary of the committee on or before May 10, 1911. The address of the secretary is given below, to whom all communications should be addressed.

Each essay must be typewritten, designated by a motto or device, and without signature or any other indication of its authorship, and be accompanied by a separate sealed envelop, having on its outside only the motto or device contained on the essay, and within the name, the motto or device used on the essay, and the address of the author. No envelop will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays, if reclaimed by their writers within six months, provided return postage accompanies the application.

The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

The competition is open to graduates of medicine (not fellows of the society) and to members of the senior classes of all colleges in the United States or Canada.

The object of the prize and competition is to stimulate an increased interest in and knowledge of proctology.

The committee shall have full control of awarding the prize and the publication of the prize essay, and it shall be the property of the American Proctologic Society. It may be published in the Transactions of the society and also as a separate issue if deemed expedient. The committee may increase its membership if deemed advisable.

Dr. Dwight H. Murray, Chairman,
Dr. Samuel T. Earle,
Dr. Jerome M. Lynch,
Dr. Alois B. Graham,
Dr. Lewis H. Adler, Jr., Secretary,
1610 Arch St., Philadelphia, Pa.

The Medical Society of City Hospital Alumni.

At the annual meeting of the Society of Hospital Alumni, which was its last meeting in December, marked the close of an exceptionally important year's work. The schedule of work laid out at the beginning of the year was so markedly successful that the officers of 1911 plan to follow the precedent, alternating scientific with scientific-social sessions. President Luedde announces that there will be three features during 1911 which will be out of the ordinary; the river excursion (July 11) will be given as a benefit for the St. Louis Medical Library, and it is hoped to realize a considerable amount for that very worthy object at the time; a joint meeting with the St. Clair County (Ill.) Medical Society is planned for September, at which time an afternoon and evening will be devoted to social and scientific communion; 1911 marks the twentieth anniversary of the association, and this will be properly celebrated at a time yet to be determined. It is easy to prognosticate that 1911 is to be a busy year for the Hospital Society, and that it will show up as one of its most important years.

The association elected the following officers:

President, W. H. Luedde.
Vice-President, L. J. Oatman.
Secretary, F. C. Simon.
Treasurer, Percy Swallen.

President Luedde has appointed the following committees:

Executive, Hudson Talbott, Theo. Greiner, P. G. Hurford.

Scientific Communications, W. C. G. Kirchner, W. R. Hewitt, W. S. Deutsch.

Entertainment, V. Loeb, H. M. Young, L. Drechsler.

Publication, A. E. Horwitz, E. A. Babler, L. Sale.

Public Health and Legislation, C. W. Thierry, R. B. H. Gradwohl, M. Pitzman.

Nitroglycerin often causes headache even in small doses, especially if there is low blood pressure.

Fined for Selling Prayers.—Mrs. Eva Stein has paid a fine of $500 in Special Sessions for violating the medical law. She told the agent of the New York Medical Society that the latter had rheumatism and that she would guarantee a cure. She wrote prayers which were to be repeated, and sold them for 15 cents each.

Digitized by Google

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Lessons on the Eye for the Use of Undergraduates. By Frank L. Henderson, M. D., Ex-President of the St. Louis Medical Society and Chairman of its Ophthalmic Section, etc. Fourth edition, revised. Boards, 238 pages; generously illustrated. Philadelphia: P. Blakiston's Son & Co., Publishers.

The author of this volume has succeeded admirably in his effort to produce a text suited to the use of students who have not yet defined themselves as specialists in this branch; the book contains those points which every graduated physician should know about eye and is not burdened by the confusion of facts which concern only the specialist. It is this characteristic which has marked it a success and brought it to its fourth edition. Dr. Henderson's long experience as a teacher in this branch and his tremendous clinical opportunities have singularly fitted him for the work which this valuable little book represents. While it is less pretentious than some volumes which have come from St. Louis writers it is among the little group which makes us proud of those of our fellows who are writing books. The continued popularity of the volume among students and practitioners goes without saying.

Modern Treatment; The Management of Disease with Medicinal and Non-Medicinal Remedies. By Eminent American and English Authorities. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia, etc. In two very handsome octavo volumes. comprising 1800 pages, with numerous engravings and full-page plates. Philadelphia and New York: Lea & Febiger, Publishers, 1910. (Price per volume in cloth, $6.00, net; half morocco, $7.50, net.)

The decade just closing is notable for the intensity and fruitfulness with which scientific methods of investigation have been brought to bear upon all the basic departments of medicine. The very secrets of Nature have been penetrated, and her own modes of combatting disease have been discovered. It follows that the apex of the pyramid of medical knowledge, namely, the application of it, has been elevated to a far higher level than ever before, as well as made secure in its foundations. The time is therefore opportune for a special work on Treatment, written by the highest authorities and so clear and direct that physicians who are not so situated that they can keep abreast of the stream of new knowledge proceeding from the world's laboratory and research workers, may, nevertheless, have the results at command in a shape for immediate application in practice. Such is the object accomplished in this entirely new work. Dr. Hare has known how to plan it and where to find the best man for each subject. The field covered is inclusive of all methods of treating disease. The first volume opens with general sections on modern pharmacology and its bearing on practical therapeutics, prescription writing, and the best modes of combining drugs, as well as cautionary instructions for avoiding untoward effects. Ample space is then given to the immensely important subject of treatment with non-medicinal agents: climate, exercise, mineral waters, baths, electricity, X-rays, radio-active substances, rest, diet and foods, and hygienic measures. The distinctively modern departments of serum therapy, vaccines and opsonic therapy, glandular therapy, and the use of tuberculin are presented in their latest development, with special reference to practical application. The volume closes with a large section covering the treatment of all the infectious diseases. The second volume, which is soon to appear, will complete the work by presenting the treatment of parasitic, circulatory, digestive and respiratory diseases, nutritional and diathetic diseases, those of the nervous system and genito-urinary apparatus, and of the skin, eye and ear.

The incomparable value of this standard work to every practitioner is manifest when it is considered that it is exclusively devoted to treatment, is written by the highest authorities, and is entirely and equally fresh throughout, and completely abreast with the most advanced knowledge.

Some Posological Hints and Other Useful Information.—Under the above title the Fellows Company of New York has issued one of the most useful little physician's vade mecums which we have seen. Like many which have appeared it includes various tables, but in addition much unusual data which is often needed and hard to find. It gives the time of absorption and elimination of some thirty-five drugs in common use; list of drugs which should be used freshly prepared; drugs with cumulative action; incompatibles; lists of diuretics, cathartics, anthelmintics, anti-emetics; a table showing overdose symptoms of nearly one hundred common remedies, and a diet table for tubercular patients. We understand that the booklet is to be sent to the profession generally, and would bespeak for it preservation for future reference.

Digitized by Google

CORRESPONDENCE

Editor the Medical Fortnightly,
St. Louis, Mo.:

Dear Doctor: Your editorial in the Medical Fortnightly for December 10th, on "Hospital Saturday and Sunday Again" has aroused a train of thought which I had frequently followed and which I am anxious to get out of my system. You are quite right. The process of being held up and tagged annually or semi-annually for this otherwise laudable purpose is an unmitigated nuisance in spite of the fact that many people thereby are induced to give to a worthy charity who might otherwise conveniently and more or less intentionally forget to do so, possibly because they think that, after having paid their poor tax, they have performed their full duty as good and faithful citizens. Although the method of tagging peaceful citizens for the purpose of raising the needful for the support of hospitals is a good thing in some ways, the same purpose might perhaps be accompilshed in a less objectionable manner. I confess I don't know how.

But that is not my kick. In my opinion we physicians should be exempt from this and from any other form of hold-up. We are on every occasion approached and requested to contribute to every possible charity that may demand support and we refuse at the cost of being considered as wanting in the proper spirit, as being unworthy members of our noble profession. Many physicians who give money for charitable purposes do so, I am sure, under protest at least mentally, and this is surely justified. For it is we physicians on whose gratuitous services the successful support and maintenance of most charities depend; more, aside from our services given freely to hospitals, dispensaries, etc., there is not a single physician in practice who does not devote much of his time, and all too often of his substance, to the service of people who cannot reimburse him, and who frequently take up his time and strength when he might earn a proper fee attending to other patients who are more favorably situated. I submit, Mr. Editor, as a well-known fact, that no other class or profession gives so much in services and in material aid to charity as do we physicians, quite aside from the fact that as a profession we are absurdly underpaid for our services when we do receive a fee. It follows therefore as a matter of course that it is an imposition upon us as physicians to expect us to go into our pockets as well and to give money to charity when we do already give so much more and do so much more for the cause of charity than does anybody else. Personally, I have made it a rule years ago never to give money for any charity whatever, while I have been willing and ready to give my services freely and without stint to any poor patient who was unable to pay for the same. I hold that physicians in general should make a similar rule, and that they should be exempt from the necessity of adding the monetary sacrifice (which must always be unwilling because of the unavoidable sense of being subjected to unfair treatment) to the sacrifices already offered.

DR. H. J. ACHARD.

Chicago.

Alcoholic solutions of camphor are incompatible with water.

The estimates of appropriations require for every branch of the federal government during the fiscal year ending June 30, 1912, aggregate $748,414,861, and are distributed as follows: War department, $205,257,546; interior department, $189,151,875; treasury department, $141,599,997; agriculture, $19,681,066; navy department, $128,942,158; commerce and labor, $16,276,970; District of Columbia, $13,602,786; legislative $13,426,806; justice $10,063,576; state $4,875,576; independent offices including interstate commerce commission, $2,638,695; postoffice department proper, $1,697,490; executive $990,170; territorial governments $202,150.

Annual Meeting of Jefferson Alumni.—The Jefferson Medical College Alumni Society of St. Louis will hold its annual banquet Saturday, January 28th, Dr. Hobart A. Hare, of Philadelphia, will be the principal speaker and will also speak at 8:30 of the same evening to the St. Louis Medical Society. His subject will be "The Bearing of Old and New Facts upon Our Conceptions of Cardio-Vascular Disease." The Surgical section of the St. Louis Medical Society holds its regular meeting on this evening, and Dr. Norvelle W. Sharpe, the chairman, has kindly made the above arrangement in addition to the regular program. The Pennsylvania Society has postponed its annual dinner until the preceding (Friday) evening so that it may be honored with Dr. Hare's presence. On Saturday, January 28th, Dr. William Porter invites all members of the profession to meet Dr. Hare informally at his residence, 3886 Washington Ave., at 2 p.m. No further invitation is needed.

Digitized by Google

SOCIETY PROCEEDINGS

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Fifth Annual Meeting, held at Wichita, Kan., October 11-12, 1910.

(Continued from page 508.)

Colitis.—Dr. W. H. Stauffer, St. Louis: Errors of digestion as a cause of colitis have been much exaggerated, though as causes of gastritis and enteritis they easily take first rank. In most cases of colitis the important factors are how, when and where we eat rather than what we eat.

Syphilis, tuberculosis and impairment of the nervous system are responsible for at least 50 per cent of all the cases that have come under my observation. Most children, and not a few adults, respond to the call of Nature only when compelled to do so, with the inevitable result that what in health is a not unpleasant duty is soon transformed into a painful pathologic process. The most valuable diagnostic aid is the proper use of the sigmoidoscope, an instrument which has not been sufficiently used by the general practitioner. Dr. Hanes of Louisville has suggested the inverted position in examining and treating patients with colitis. The treatment of colitis until recently has been a very unsatisfactory. Tuberculous ulceration may be primary and entirely local, and as such will respond to local antiseptics and nourishing food. So-called membranous colitis is generally organized retained mucus, and may be treated effectively by rest and drainage. When possible, direct application to the diseased part should be made through the sigmoidoscope, or a Wall's bougie placed in position under direct observation. Jacobi, Tuttle and Soper have demonstrated the impossibility of passing a rectal tube in tthe colon unless there is some abnormality of the sigmoid. The medication depends on the pathology, and every indication must be met as it arises. Ichthyol and argyrol in various percentages are of signal service. Oil of eucalyptus or thyme in olive oil has given me excellent results. Appendicostomy or cecostomy should always be employed in amebic dysentery. Experience has shown that there should be no haste in closing the fistulas.

DISCUSSION.

Dr. L. P. Warren, Wichita, Kan.: It is the consensus of opinion among expert proctologists that it is practically impossible to pass a tube into the descending colon. The sigmoid itself and rectum may be inspected, but it is not possible to pass the proctoscope far enough to see into the descending colon.

Dr. S. N. Mayberry, Enid, Okla.: The general practitioner is not always able to interpret correctly what he sees. What is the clinical appearance of early tuberculosis of the anus before the patient complains of any symptoms to speak of? After introducing the sigmoidoscope, I am unable to tell in some cases whether there is a tuberculous condition or not. I have had two cases of rectal disease in which I could not make a satisfactory diagnosis.

Dr. W. H. Stauffer, St. Louis: It is not possible to pass a tube in all cases into the colon, but it can be done in 50 per cent. It takes great care and a great deal of cooperation on part of the patient. It cannot always be done the first time, any more than the practitioner can pass a stomach tube the first time he tries to do so.

As to the clinical appearance of disease about the anus, the best comparison we can make of ulceration or of the various pathologic conditions in this region is that they resemble conditions of the throat. In 50 per cent of the cases, if one should find a syphilitic ulcer in the rectum, he could probably find a similar condition in the patient's throat. Edges and everything would compare with the one seen in the rectum.

Diagnosis and Treatment of Psoriasis.—Dr. W. Frick, Kansas City, Mo.: There is no specific in the treatment of this disease.

Patients must be studied as well as the disease, and cannot all be treated successfully in the same manner or with the same drug. Many patients with psoriasis appear to be perfectly well in every other way. In these cases we will find sometimes deficient elimination, imperfect assimilation, or some other imperfection in metabolic processes of which the patients are not aware. When these defects are discovered and corrected the patients are treated with better results. Of recent years it is remarkable to see the rapid improvement under a few treatments with the X-ray. This improvement is not permanent, however, and must necessarily be supplemented by other methods of treatment. External treatment is resorted to in nearly all cases, and relief is obtained more quickly by this means than by internal treatment. Various drugs are used in treating this disease; this essential thing to do for patients is to cure the existing disease and teach them how to avoid the causes, if possible, or how to check a beginning attack.

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 819 and 820 Century Building, St. Louis, Mo.

THE MONTH'S MAGAZINES

St. Nicholas in 1911.—Foot-ball, especially the new foot-ball, is to have plenty of attention from St. Nicholas this year. The December number had the last of "Ted" Coy's three articles on "Foot-ball Under the New Rules" by "Ted" Coy, captain of the Yale Foot-ball Team of 1909, and Head Coach of the Yale Team of 1910, in which he has much worth saying to tell boys of all ages about foot-ball as "a game for gentlemen," and many suggestions and side-lights upon the strategy of the new game.

The Century in 1911.—The first chapters of Robert Hichens's new novel, "The Dwellers on the Threshold," which is running serially in The Century, indicate that psychical research is to be the key-note of the story. It is not the object of Mr. Hichens's story, it is said, to set forth what has been accomplished in the field of occultism; but his working out of some of the phenomena of occultism in his story cannot fail to interest all who have paid any attention to psychic problems.

The Stupid Beginnings of Great Geniuses.—The finer individual qualities are often late in revealing themselves. It is the older, racial tendencies that rule in childhood. Irritation at restraint, irresponsibility, and primitive indolence, are to be expected. Some mature slowly and are called stupid. George Eliot learned to read with difficulty. Thorwaldsen, the sculptor, spent three years in one class in the village school; Bruger, the poet of German ballads, required several years to learn the Latin forms; and Alfieri, the Italian poet, was dismissed by his teachers, so backward was he. Were it necessary, the list might be indefinitely extended by adding Newton, Bryon, Ibsen, Walter Pater, Pierre Curie, and others. Sometimes seeming stupidity is due to interest in subjects outside the little circle round which the tethered children are allowed to graze. Fulton, Watt, and Sir Humphrey Davy, in early childhood, were already busy with the experiments which were to be told to children after the teachers who called them stupid were forgotten. Tolstoy, Goethe, and Dean Swift were refused their degrees because they failed in their university examinations, and, for the same reason, Ferdinand Brunetiere was denied admission to the Ecole Normale Superieure. At Cambridge, also Sir William Thomson was not a wrangler, though one of the examiners admitted that "the successful competitor was not fit to cut pencils for Thomson." When asked why he had delayed so long on one of the problems which he himself had discovered, Thomson replied that, having forgotten that it was one of his own inventions, he had worked it as a wholly new problem. Later it was learned that the winner of the prize wrote the solution from memory. Thomson's failure to win the Cambridge honor because of the unusual memory of one of his competitors illustrates an important class of cases in which the examination system completely collapses. Justus von Liebig, whose father was compelled to remove him from the gymnasium because of his wretched work, attributed his failure in the school to his utter lack of auditory memory. He could remember little that he heard. Yet his teachers never discovered this.—Edgar James Swift, in Harpers Magazine for January.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, WEDNESDAY, JANUARY 25, 1911. No. 2

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M: D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

WHEN AND HOW TO OPERATIVELY TREAT VARICOCELE IN THE MALE.

AIME PAUL HEINECK, M. D.

CHICAGO, ILL.

Surgeon to the Grace, Reliance and Cook County Hospitals; Senior Professor of Surgery, Reliance Medical College; Adjunct Professor of Clinical Surgery, College of Physicians and Surgeons, University of Illinois.

From the standpoint of scientific accuracy and completeness, the literature that has been published relative to varicocele is notoriously unsatisfactory. Despite the frequency of this pathological and clinical condition, our knowledge concerning its significance, its etiology, its pathology, and the results of its treatment by operative measures is honeycombed with deficiencies. The purpose of this article is to stimulate and to facilitate the efforts of those that might feel impelled to elucidate some of the many as-yet-unsolved points of this definite anatomical and clinical entity.

At the Cook County Hospital from January, 1906, to July 1st, 1910, inclusive, 155 cases of varicocele were subjected to operation. At least as many other patients were refused operative relief. The operations performed were venous resection, scrotal resection or both combined. The youngest patient operated upon was eleven years old, the oldest 57 years. The ages of the patients is shown in the following table:

11-20	years,	36 patients
21 30	"	77 "
31-40	"	18 "
41-50	"	10 "
51-60	"	3 "

Age not ascertained in eleven cases.

In 4 cases, the affection was right-sided; in 10, bilateral; and left-sided in 131 cases; in 10 cases, the side affected is not recorded. Six cases were associated with an inguinal hernia of the same side, and four with hemorrhoids. In a few cases the presence of varicose veins of the leg is noted. Though the institution admits individuals of all races, not one of the patients operated upon was colored.

Quain (1) defines varicocele as follows: "A dilated, elongated and tortuous condition of the veins of the spermatic cord, due either to increased pressure within the vessels or to diminished resistance in the walls of the vessels and in the surrounding structures." The pathological dilatation, lengthening, and tortuosity are limited almost always to the spermatic vein and its branches. Exceptionally, the cremasteric and deferential veins and their branches participate in the process. The veins of the scrotum may also show varicose dilatations. The spermatic vein originates at the posterior border of the testis as a thick closely woven network and forms the pampiniform plexus. This plexus consists of from eight to ten veins, most of which lie anterior to the vas deferens; it passes upward, enters into the formation of the spermatic cord, courses through the inguinal canal, and finally forms a single trunk in the abdominal cavity. In varicocele the venous lengthening, tortuosity and dilatation are permanent and are associated with histo-anatomical changes in the vessel walls. Temporary dilatation, such as compression of short duration can determine, and which disappears completely after the removal of the compressing agent is not varicocele. Varicocele may be unilateral or bilateral (2), may be primary or secondary, that is idiopathic or symptomatic, may be complicated by the co-existence of other local pathological states, hernia, vaginal hydrocele, tumors of spermatic cord, etc., may be associated with a fully developed or with an undeveloped testicle (3). In Gould's cases (3), the testicles were small but not wasted. The following varieties are recognized:

a. Simple dilatation and varicosity of the

Digitized by Google

veins with or without slight scrotal relaxation.

b. Orchidoptosis.

c. Varicosities and orchidoptosis.

All authors state that the left side only is involved in by far the larger number of cases (80 per cent to 90 per cent, Chassaignac, Dardignac (45), 92 per cent Istomin (5a). Clinical observation amply confirms this statement.

Statistics are not in accord as to the frequency of the condition. Senn (2), in 9815 recruits examined, found varicocele present 2078 times, that is in 21.17 per cent. In 15 of these cases the affection occurred on the right side; in 17, it was bilateral; in the remaining cases, the left spermatic cord was the seat of trouble. French military commissions report varicocele as occurring in 6.4 per cent of all recruits. No age is exempt. Though it occurs at all ages, it is rare both in the young (6a and b) and in the old. Gould (3) had a case of varicocele occurring in a boy, four years old and another case in a boy eleven years old. Its period of greatest incidence is between the ages of 20 and 40. Landouzy (3) gives the following table:

In 13 cases the varicocele was first noted between 9 and 15 years.

In 29 cases the varicocele was first noted between 15 and 25 years.

In 3 cases the varicocle was first noted between 25 and 35 years.

Curling (7) gives the following statistics when they came under medical notice:

2	cases	were	between	10	and	15 years.
26	"	"	"	15	"	25 "
14	"	"	"	25	"	35 "
5	"	"	"	35	"	45 "
3	"	"	"	45	"	65 "

No race is immune. It has, however, been observed that negroes are practically free from varicocele. In them, the scrotum is close fitting and less lax than in Caucasians.

An intelligent understanding of the condition and of its treatment is aided by a correct knowledge of the regional anatomy of the spermatic cord and of the scrotum.

In idiopathic varicocele, the patients frequently complain of a sense of weight and of a dragging pain in the scrotum and groin, relieved on lying down and increased by severe bodily strain. One must not forget that an entire abscence of subjective symptoms is not uncommon and that there are varicocele of large size which produce no subjective symptoms whatever, no pain, no sexual debility, no wasting of the testicle. In idiopathic varicocele, the veins collapse when the patients assume the horizontal posture. In all types of varicocele, actual or imaginary, the morbid tendencies are frequently aggravated by quack advertisements, commercial medical literature and the artful suggestions of the charlatans (4).

The symptomatic type of varicocele is almost invariably painless. One of its characteristics is that the veins remain distended when the patient assumes the reclining posture.

The secondary or symptomatic type of varicocele may be caused:

1. By neoplasms of the kidney. In 16 cases of renal tumors, six had determined a symptomatic varicocele (8). Reclus' (9) patient, an elderly man, who presented a right-sided varicocele consecutive to a renal cancer.

2. By occlusion of the left renal or of either spermatic vein by a neoplastic growth. In Hochenegg's case (8), the symptomatic varicocele was due to the invasion and obstruction of the left renal vein by the renal growth.

3. By compression of the spermatic vein exerted by cancerous lymphatic glands or by renal tumors, by enlarged retroperitoneal glands. Delbet's patient (10) was 57 years of age and complained of a well marked but painless right-sided varicocele, which had developed without apparent appreciable cause and had increased progressively in size. The autopsy showed that a cancerous juxta-pancreatic lymphatic gland had by compressing the spermatic vein determined the venous ectasia.

4. By kinking of the spermatic vein due to inflammatory adhesions, to the weight of tumors, to prolapse of the left kidney, etc. Among the many causes, all more or less inadequate, advanced as predisposing, contributory or exciting factors to the production of idiopathic varicocele, the following are the most frequently cited:

1. The great length, the vertical course, the dependent position and the great tortuosity and the frequent anastomosis of the spermatic veins.

2. The abnormal thinness of the vein walls.

3. The almost complete absence of support afforded the spermatic veins by the loose tissue which surrounds them.

4. The pressure exerted by the contraction of the abdominal muscles upon the spermatic veins as they course through the inguinal canal, as by straining at stool, etc. 1, 2, 3, 4, 5 are anatomical conditions common to all healthy men.

5. The plexiform arrangement of the spermatic veins in the scrotum and their

Digitized by Google

termination in one small vein in the abdomen. The radicles of the spermatic veins emerge from the back of the testis, receive tributaries from the epididymis, unite and form a convoluted plexus called the spermatic plexus (plexus prmpinifromis). Combined lumen of the veins is large as compared with that of artery (spermatic artery), so that the vis a tergo is reduced to a minimum (15c).

6. Aplasia 11, 12) predominating in the veins and valves thereof. "Varicocele is a congenital aplasia of the veins of the spermatic cord" (Escat). "Varicocele is a genito-crural fibro-muscular aplasia, chiefly affecting the left side" Longuet). "Varicocele consists in a loss of tone of all the genito-scrotal tissues" (Longuet).

7. The absence in the diseased spermatic veins of efficient valves. The minor frequency of right sided varicocele is partly due to the almost constant presence of an efficient valve at the point where the right spermatic vein debouches in the inferior vena cava. "These veins are provided with valves, but occasionally the valve at the orifice of the left spermatic artery is absent" Cunningham's Anatomy).

8. Anything which tends to obstruct the free return of blood through the spermatic veins from the testis as, for instance, fecal masses in the cecum or in the sigmoid colon pressing upon the spermatic veins.

9. Undue activity of the sexual apparatus. In many individuals, sexual fatigue is accompanied by a considerable relaxation of the scrotal tissues. In warm climates, lengthening and relaxation of scrotum is an almost invariable accompaniment of varicocele (14, 25).

10. Occupations exposing the scrotum to frequent slight traumatisms (horseback riding), and also such as necessitate continuous and prolonged standing. Varicocele is not uncommonly met in those who are long in the saddle and also in those who ride the bicycle to excess.

11. Heredity, traumatisms, previous inflammatory states and other indefinite factors.

The reasons advanced to explain the great preponderance of left sided varicocele are not convincing:

1. Inferior muscular development of the left side of the body from predominant use of the right.

2. Of the two spermatic veins the left vein is the longer. Schultz says that the right spermatic vein's outlet is 1½ in. lower than the left. The difference in length of the two veins is slight and does not exceed that between the two iliac veins which latter has not led to a similar disproportion in the occurrence of varicosities in the veins of the lower extremities (Gould, 3).

3. The left spermatic vein is exposed to being compressed by a sigmoid colon loaded with fecal matter. Constipation is not more frequent in those that have varicocele than in other individuals of the same age and class. Constipation is frequent in old men; varicocele is rare in them. Those that look upon constipation as a cause of varicocele find it difficult to explain why the veins collapse instead of becoming turgid upon the assumption by the patient of the recumbent posture.

4. Rectangular implantation of the left spermatic vein into the left renal vein.

Varicocele (15a) of the broad ligament, a condition in the female that bears some analogy to varicocele in the male, is also of more frequent occurrence on the left side. Kanavel and Miller say: "It is to be noted that of twelve cases of primary varicocele of the broad ligament, six occurring upon the left side alone, in six it was bilateral, in no case occurring upon the right side alone" (15b). Authors have sought to explain the greater frequency of left-sided varicocele of the broad ligament by the same reasons that are advanced to account for the more frequent occurrence of left-sided varicocele of the spermatic cord (15c).

In the differential diagnosis of varicocele, one only need to consider hernia, lipoma, hydrocele communicans. Varicocele may be confounded with an epiplocele because both have a cord-like arrangement.

Treatment.—If every case of varicocele is operated on indiscriminately, a fair percentage of patients will suffer permanent bodily harm, locally in the testis, and generally in body and mind (13a and b). It is a matter of general knowledge that many varicocele operations are performed in the absence of positive indications. Charlatans have found it very incrative to needlessly operate cases of imaginary varicocele and cases of very slight dilatation of the branches of the spermatic veins. One cannot too strongly condemn the subjecting of a patient to a needless operation.

In the treatment of varicocele operative surgery has a legitimate and well-defined sphere of action. In this, as well as in other surgical conditions, we consider it important that operative indications and contraindications be formulated with precision.

We are of the opinion that operative

Digitized by Google

intervention is absolutely contraindicated and not permissible:

1. In Pseudo-varicocele.—When the veins of the spermatic cord are not the seat of lesions demonstrable to inspection or to palpation, a varicocele is not present. The surgeon must not accede to the importunities and to requests of hypochondriacs and of neurasthenics, who insist upon being operated upon for an imaginary varicocele. Many of these individuals are hardened, pessimistic and dangerous neuropaths (16). Owing to the fact that in these cases there is not any vein lesion present, surgical intervention does not benefit the existent orchialgia, testicular neuralgia, or other symptoms of which these patients complain.

2. In symptomatic varicocele. The cure of a symptomatic varicocele is dependent almost entirely upon the surgeon's ability to remove the causative factor.

3. In varicocele occurring in individuals suffering from constitutional states that forbid the performance of operations of election; even if such operations of choice do not entail risks. The various operations performed for the relief of varicocele are without danger to life. Among unfavorable constitutional states, the most important are malignant disease, diabetes mellitus, advanced renal, cardiac and hepatic affections, etc.

Indications for Operation.—Relief by operative means is indicated in all cases of varicocele:

1. In which there co-exists an inguinal hernia of the same side, be the hernia complete or incomplete, reducible or irreducible, an enterocele, an epiplocele, an entero-epiplocele. The pressure of an ill-fitting truss cannot only aggravate an existing varicocele, but can also lead to the development of this pathological state. If a hernia coexist with a varicocele the curative operation for the varicocele is to be supplemented at the same sitting by one for the radical cure of the hernia. Carta (17a), in 150 cases of varicocele, found six coexisting with a hernia of the same side. In 21 patients operated upon for varicocele, Narath (17b) found inguinal hernial sacs in five. In one patient, both the hernia and the varicocele were bilateral.

2. In which there coexists on the same side a hydrocele (18) of the tunica vaginalis testis. Both conditions, varicocele and hydrocele, should be remedied at one and the same operative sitting. For the varicocele, the operation described at the close of the article should be performed. The hydrocele is best met by incising longitudinally the tunica vaginalis and everting it around the epididymis and scrotal portion of the cord. The upper margin of the everted tunica vaginalis is then sewed to the subpubic fibrous tissue. Carta (17a), in 150 cases of varicocele found in twenty cases a coexisting hydrocele of the tunica vaginalis testis of the same side.

3. In which there is present on the same side an encysted hydrocele of the cord. The same incision gives access to both pathological states.

4. Associated with or dependent upon the presence of a tumor of the spermatic cord (19). In these cases the surgeon is confronted by a double indication, the removal of the neoplasm and the correction of the varicocele.

5. Having a history of recurrent attacks of phlebitis and of thrombosis (Burghard 20a, Longuet 20b). Two of Narath's cases presented a lipoma of the cord. Here the operation is preferably performed during a quiescent period; at other times a troublesome spreading thrombosis may originate at the seat of ligation.

6. In which there has been an accidental or spontaneous rupture of one or more veins of the affected spermatic cord. The rarity of rupture is partly explained by the mobility of the spermatic cord, and by the elasticity of its various tunics which together enable the veins to easily shift away from traumatic insults. Patel (21) reports a case of coexisting hydrocele and varicocele of the same side, in which there occurred an apparently spontaneous rupture of one or of several veins of the varicocele. This rupture converted the hydrocele into hydrohematocele. Patel exposed and ligated the bleeding points, removed the extravasated blood, and subjected the hydrocele or hydro-hematocele to appropriate operative treatment. Rupture of a varicocele may prove fatal. A case of this nature is reported in the Lancet (22). The patient had a left-sided varicocele; as a consequence of a blow received on the left scrotum, the latter swelled to the size of a child's head. Incision of the scrotal swelling was followed by discharge of fresh blood which continued to escape until the patient suddenly died. It was demonstrated that the uncontrolled and fatal hemorrhage resulted from traumatic rupture of a varicose vein of the spermatic cord.

7. That show more than a moderate degree of venous dilatation and tortuosity, because in these cases the functional integrity of the testis is either seriously menaced or involved. It is desirable to rid the patient of the disagreeable consciousness of

Digitized by Google

the continual presence of a testicular tumor (Lydston 29). In mild cases without symptoms, operative treatment is not required. The patient's mental annoyance and exaggerated apprehensions must be allayed by sensible advice (Bennett). In a case reported by Loumeau (23), the patient was 18 years of age and presented for treatment a voluminous and painful varicocele extending downward as low as the middle of the thigh. Berger (23a) in one patient resected a spermatic vein the caliber of which equaled that of the little finger.

8. That are productive of neuralgic pain in the testis, of pain radiating along the spermatic cord and down the thigh, associated or not with pain in the back and a characteristic dragging sensation, That is, in all types of painful varicocele, the painfulness of which is not controlled by the wearing of a well-fitting suspensory and the employment of judicious non-operative therapeutic measures. No constant relation exists between the size of a varicocele and the degree of pain and other subjective symptoms present. Not uncommonly the patient is more irritable than the varicocele is painful. Varicocelic pain recognizes various causes: compression of nerve filaments by varicosed veins; neuritis, due to ectasia of the vaso-nervorum; atrophy of the gland; the patient's psychical state, etc.

9. That are asscciated with serious nervous disturbances, such as neurasthenia, psychic disorders, tendency to suicide, etc. (25). These patients harassed by the presence of their varicocele, often develop a distressingly hypochondriacal state of mind. The operation does not make the neurasthenia worse, but often improves the general state of the patient.

10. Showing a steady increase in size and progression of symptoms in spite of appropriate non-operative treatment: avoidance of constipation, cold ablutions of the parts, sexual hygiene, the wearing of a well-fitting suspensory, etc.

11. That show calcareous changes in the vessel walls. Dardignac (5) and others report cases of varicocele in which the markedly dilated veins were the seat of calcareous incrustations.

12. When the patient wishes to enter some public service: civil, police, military or naval, and the varicocele is the only existent physical disqualification.

13. If disease of the opposite testicle be present: hydrocele, tuberculous epididymitis, cystic disease of the testis, etc. In the presence of disease of the opposite testis, it is important to preserve the functional and anatomical integrity of the unaffected tetsis. Lefort (26) presented to the Societe Centrale de Medecine du Nord a patient afflicted with a left-sided varicocele extending as far as the lower third of the thigh. The right testicle extended lower than the left, was hypertrophied and the seat of a hydrocele.

14. If the opposite testis is lost.

15. In which the nutrition of the testis is threatened. A varicocele can impair the nutrition of the testis in various ways. The process may extend to the intra-testicular veins; by its voulme it may injuriously compress the organ; the passive hyperemia of the gland may prove deleterious to latter's nutrition, etc. "When highly or rapidly developed, the dilatation of the veins interferes so much with the nutrition of the gland as to occasion wasting" (Curling, 7).

16. Associated with evident scrotal changes, marked pendulousness, profuse scrotal sweating and obstinate dermic lesions of the scrotum.

17. When the condition is bilateral.

It is our opinion that all the various subcutaneous operations for varicocele should be completely discarded. If a varicocele be of such a degree or nature as to necessitate operative relief, only such methods of treatment should be resorted to as are appropriate. The patient's objections to an open operaton should be surmounted or disregarded. One of the most manifest tendencies of modern surgery is to abandon all subcutaneous methods of operating, and among the subcutaneous methods of treatment that have fallen into almost complete disuse can be mentioned the injection treatment of goiter (27), the injection treatment of hernia, of vaginal hydrocele, Bottini's operation for prostatic hypertrophy, subcutaneous suturing of fractured patellae (28), etc. It is incontrovertible that the less an operator knows of anatomy and of surgical operative technique, the more reluctant he is to abandon subcutaneous methods of operating (29).

(To be continued)

John R. Kissinger, the Indiana volunteer soldier, who allowed himself to be bitten by yellow fever mosquitoes during the first American occupation of Cuba, to demonstrate the theory of mosquito infection, has been granted an annuity of $72 a month by the house of representatives. The measure carrying relief for Kissinger as it passed the senate granted him $125 a month.

Digitized by Google

THE ABDOMINAL POSITION FOR DRAINAGE IN SUPRAPUBIC PROSTATECTOMY.*

HENRY J. SCHERCK, M. D.

ST. LOUIS

Visiting Genito-Urinary Surgeon to the City Hospital, Missouri Pacific Hospital; Chief of the Department of Genito-Urinary Diseases at the Jewish Hospital Dispensary; Clinical Instructor of Genito-Urinary Surgery, St. Louis University School of Medicine.

A month ago I sent to the American Journal of Urology a preliminary report on the subject of position drainage in suprapubic prostatectomy. I have been informed by the editor that this preliminary report will be published in the next issue. Since that time I have had some further opportunity to observe the procedure, which I shall outline in this brief paper.

It is unnecessary to enter into a discussion at this time, as to the relative merits of the two routes for attacking the prostate gland in patients where prostatectomy is indicated. We all admit, especially in America, that there are patients where one method is to be preferred to the other this depending upon local conditions found upon careful examination.

In looking over the literature, I find that the average mortality of all operators, averages in the neighborhood of 11 per cent, following total suprapubic prostatectomy. Of the total fatalities 34 per cent, were due to uremia, and 8.6 to sepsis, 30 per cent to shock, and 22 per cent to post-operative complications.

To my mind the question of drainage has always been the main objection to the performance of suprapubic method. Were this question properly solved, the number of fatalities as well as postoperative complications, would be decidedly decreased, and the suprapubic route would be adopted as the operation of choice in the considerably larger proportion of cases.

The suggestion of the abdominal position in suprapubic prostatectomy, came to me upon observing a confrere perform the Gilliam operation, in which the position described was utilized.

The adaption of this method to bladder drainage, I have been unable to find, and to this extent only can I claim any originality. All drainage of suprapubic wounds depends either upon siphonage or suction.

My observations cover five cases recently operated upon by the suprapubic route. These patients have been placed upon the abdomen immediately after the operation, having first secured a large size drainage tube in the wound. A tube with an opening of at least one inch was inserted so that the end of the tube was allowed to dip into but not reach the fundus of the bladder. In fact the tube should be allowed to extend into the bladder for not more than one or two inches. In the lower portion of the tube are two openings made on either side, in order to effecutally prevent the tube becoming blocked by clots. Upon the conclusion of the operation the tube is introduced into the opening made in the bladder, the size of the tube depending upon the size of the bladder wound, not less however, than one inch. In fact the drainage tube should be slightly larger than the wound made in the bladder wall since the contraction around the tube is not sufficient in many instances to prevent leakage around the tube. The drain is secured by sutures through the abdominal wall. It is then cut even with the surface of the abdomen. Gauze is carefully packed around it, and over this a large dressing of absorbent material is placed. The patient is returned to bed and placed on the abdomen. The nurse is now instructed to change the position of the patient by moving him to his side or back for a few moments at a time, about every two hours. These instructions however should be varied depending upon the condition of the patient. During the change of position the nurse is to remove the soiled dressing and replace it by fresh gauze and cotton. It is surprising how little complaint is noted on account of this position, which moreover naturally favors drainage, and prevents those complications which poor drainage induces, and in my opinion lessens the tendency towards the development of certain postoperative complications, such as uremia, pneumonia incited by stasis in the lungs, a possibility developing from the usual position. The principal objection to the ordinary form of drainage, either siphon or suction, is that it does not completely empty the bladder of decomposed or septic urine, and allows it to become absorbed in the freshly wounded bladder and space of Retzius. The abdominal position does not allow the septic material to remain in contact with these surfaces, and thus minimizes the chances of absorption. This position further, to some extent lessens the possibility of passive congestion and thus decreases the chances of postoperative bleeding. So far as postoperative pneumonia is concerned, the insistence upon the nurse changing the position of the patient from the abdominal to the side or back every hour or two unquestionably decreases the chances of postoperative pneumonia.

*Read before the meeting of North Central Branch, American Urological Association, Chicago, January 5, 1911.

Digitized by Google

I am at present investigating the question of this position on blood pressure, and while I am not at this time prepared to make a definite statement, I feel that the experiments will show that the pressure within the kidneys will be lessened and thus prevent to a small extent the chief danger—suppression of the urine. The bandage around the entire dressing should be applied so that it may be easily removed, and the dressings changed as often as is found necessary. In the first two cases in which this procedure was employed, I attached a long tube to the bladder drain through a hole in the mattress into a receptacle underneath the bed; but objections were noted in regard to this procedure, the principal ones being that it limited the movements of the patients, and made pressure on the tube likely, interfering in this way with free drainage. In most of the cases in which I have used this procedure it has been found necessary only to continue this method for about five or six days, as granulation prevents subsequent absorption. When this method of drainage is discontinued after the time usually adapted in ordinary suprapubic prostatectomy, the patient can be handled in the usual way.

My experience is as yet too limited to note any special objections to the method I have outlined above, and this report of detail of technique is made so that it may be tried out and a proper estimate of its value determined.

THE MEDICAL PROFESSION MUST CHANGE ITS TACTICS.

WILLIAM J. ROBINSON, M. D.

NEW YORK CITY.

President of the American Society of Medical Sociology.

He who is not a frequent vistor to radical clubs, does not come in contact with newspaper men, with New Thoughters, and does not read regularly the numerous naturopathic, health culture and physical culture journals, and other allegedly advanced publications, can have no idea how the medical profession is ridiculed, how it is maligned, how it is lied about, how it is misrepresented, how it is "knocked" on every possible occasion.

We are pictured as ignoramuses, grafters, butchers, anxious to operate whether there is a necessity or not, drug dopers, etc., etc.

We are denounced as a trust, monopoly and any attempt of ours to organize, to pass laws protecting the public health is characterized as an attempt at class legislation, a desire for special privileges, inspired by our fear of the competition, by our fear of the superior skill of our irregular rivals. And the average physician who has not given the matter any thought, has no idea what effect these unceasing slanders and persistent lies have on the public mind, how suspiciously a large part of the public is beginning to look at the medical profession, how we are losing the confidence of the people, how the ground is slipping from under our feet.

As an illustration we need only mention the reception that has been accorded to the suggestion of a Federal Department of Health. The motives that actuate us and the objects of such a department were at once misrepresented, the people were made to believe that their freedom to choose a medical adviser was threatened, the forces of reaction and obscurantism, masquerading in some instances under the guise of liberalism, were quickly marshalled and in a short time a society was organized, which now claims a membership of one hundred and fifty thousand.

We, physicians, are ourselves to blame. When the irregular, fantastic and pernicious cults began to make their appearance, we paid no attention to them. We thought they amounted to nothing, and would soon dry up and shrivel away of themselves. When the malicious attacks began to appear in the various quack publications, we remained silent. We considered it infra dignitatem to pay attention to them, and we thought that the public would have no difficulty in seeing through their falsity and meretriciousness.

Our long and patient inactivity has been due to the false idea that truth will always triumph and error is bound to die.

Yes, eventually. But if error is allowed to grow and spread unhampered, while those who see the truth will not take the trouble to proclaim it and expose the error, then it can take centuries before the correctness of the truth and the falsity of the error will be perceived.

In this as in every other line of human activity prevention is immeasurably superior to cure, and the right way to fight error is not to permit it to get a firm foot hold. Error and superstition are hard things to uproot after they have attained the dignity of a universal belief.

It is time that the medical profession change its tactics and assume a wideawake, militant attitude. It is time that we actively attack error wherever it shows its head. By reading papers before lay audiences, by participating in discussions, by writing to the newspapers, by refuting the

Digitized by Google

false arguments of the false prophets wherever they appear, we can do much toward destroying the influence of the quacks and the irregular cults. In short, we must throw off our exclusiveness, we must go out to the public and take it into our confidence.

The truth is with us—that we know; only we must not hide it under a bushel, and expect that its light will, without any effort on our part, penetrate into the darkest recesses of ignorance and quackery.

12 Mt. Morris Park W.

Doctors Digging the Ditch.—A tribute to the work done by the medical men who have been detailed to the service on the isthmus was paid by the editor of the St. Louis Republic in a recent issue. The recognition that physicians have made this work a possibility is refreshing even though it may not be as satisfying as would be more material rewards. He says:

"When a great inventor or chemist discovers anything which promises to be or is of great benefit to mankind his discovery or invention at once becomes the common property of the human race without royalty or rate beyond that of personal service of the physicians who may administer such remedies.

When a great commercial chemist or inventor makes a discovery of value to humanity he at once capitalizes it, and all mankind pays high tribute in the form of sometimes prohibiting royalty.

In digging the Panama Canal the United States is obliged to pay tribute to monopolists of machinery and to patentees of various mechanical devices.

Yet had it not been for the physicians who have made the canal zone habitable through sanitation the efforts of all the inventors and 'world conquerors' of engineers and machinists would amount to exactly nothing.

The doctors of the United States, not its engineers or mechanics, are doing the most important work in the great isthmian ditch. Yet it is the soldier, the engineer, the mechanic to whom the honors are accruing.

Why is it that temporal honor and financial reward seem so bent upon being diverted from the ways in which they should properly travel?"

Electric Sleep and Analgesia by Means of Frequently Direct Currents Applied Through Closed Wire Circuits, Etc.—Louise G. Rabinovitch New York (Med. Record, Dec. 10, 1910), says that the distinction between electric sleep and analgesia is one of degree. A history of the study made by various investigators of this subject is given. In 1905 the author found that anesthesia can be produced in rabbits by means of an induction current obtained from an apparatus in which the primary coil was run by means of a frequently interrupted current, interrupted 6,000 times per minute; also, in 1909, that a degree of sleep and analgesia can be obtained by using a Vereland oscillator and a pulsating current. Sleep can also be produced by unipolar and wireless currents in paths of displacement currents. The author first utilized this form of anestheisa in surgical work in the laboratory, and first applied analgesia in the amputation of toes in the Hartford hospital successfully. The ordinary street current is dangerous for this purpose; only storage batteries of large capacity should be used. The current for the motor and the patient should come from two different sources. The period of passage of the current should be 1-10. The author now describes the method of application to dogs. The current is turned on slowly and gradually. When the meter registers two milliamperes the animal falls on the side, with no evidences of pain, the bowels and bladder are evacuated. The animal, if pregnant, may abort after the application. Consciousness, sight, and hearing are not abolished. Pain is absent in surgical operations; touch is preserved; the animal may go to sleep and show no signs of distress. The operation is bloodless, due to vasoconstriction of the vessels. After the current is turned off the animal acts normally. Electric sleep may be produced in cases of insomnia by applying the negative pole to the forehead, the positive to the palm of the hand. The cathode should always be the pole nearest the central nervous system. In the amputation of the toes carried out under electric analgesia the patient felt no pain, and the operation was bloodless. Four milliamperes were used in one, and in another man nine milliamperes were used. Local analgesia depends on the proper application of the electrodes, which should be placed over nerve trunks. Contraindications are pregnancy, high arterial pressure, and epilepsy, because of the increase of arterial tension produced by the current. The author describes experiments in which muscle reactions were obtained by displacement currents in the air. The author states that living beings and muscle-nerve preparations react to displacement current and effects may be obtained by unipolar and wireless methods; currents carried by wires seem clumsy in comparison.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The New Charter.

The City of Saint Louis will decide on January 31st whether it will continue its existence under the present or a new charter and at the time of writing there is much discussion of the new document. The proposed charter was framed by a Board of Freeholders appointed something better than two years ago, a board so admirably selected as to have met with popular approval in almost every particular and one to whose mature and able judgment St. Louisians were willing to give acknowledgment. These genetlemen have, after extended deliberations, many consultations and much investigation, presented to the voters of the city a document which is really remarkable for its practical excellence. It is such a radical modification of our present charter that its fate at the hands of voters is a question. It provides for so much concentration of responsibility and authority that many are fearful of possible consequences. The cumbersome machine of our present city government is quite the antithesis of that proposed, which does away with the House of Delegates and emphasizes the importance of council positions and that of the Mayor. The charter is in the line of progress, such objections as have been raised to it are vastly outnumbered and of less importance than are those which can be brought against that under which the city government is now conducted. It is regretted that a broader interpretation of the initiative and referendum had not been incorporated in it, and some are voicing disapproval of no defined means of terminating the period of tenure of office of the mayor should he prove incompetent or otherwise unfitted for the position. These two defects, if they may be so termed, are those which are occupying the attention of the voters at the present. The document appears rather lengthy when one compares it with that compact instrument which serves as a basis for our National Government; it seems necessary to be more and more explicit as one deals with lesser organizations.

The Board of Freeholders paid a merited compliment to those who have been instrumental in the reorganization of our hospital system in that they found no call to even suggest change in the system. The now operative hospital system is working with increasing smoothness and such effectiveness as to fully substantiate the most glowing prognostications of those who were interested in seeing it established. But our approval of the new charter is not based solely upon appreciation of the Freeholders evident approval of the new hospital system; the new charter appears to be definitely in the line of progress and to promise to Saint Louis such government as the fourth city in the land should have.

The New Treatment for Syphilis.

Since the first announcement of the discovery by Ehrlich of the remedy which he has called 606, we have taken occasion to mention it occasionally in these columns. We must confess that there have been times subsequent to certain of our utterances when we were somewhat dubious as to whether we had spoken wisely, but in the light of today's enlightenment there is nothing which we have said which we would not repeat with emphasis. The remedy is the wonderful achievement of 1910 in the way of new therapy; it has a wider significance, for it must needs be that it will lead to a renewed interest in medicinal therapy and to a stemming of the tide of therapeutic nihilism which has seemed about to engulf the profession; it may lead our great universities to select as strong a man for the chair of medicinal therapy as they do to the chair for preventive medicine, and if it does it will have been tremendously serviceable to the race. "606" is a wonderful discovery even though it does not prove the absolute remedy for every case of syphilis, that it cures some cases almost immediately and ameliorates trying conditions in some others is an established fact. It is not yet fully determined which are the cases which can be so cured; time alone can bring the answer. It appears that the spirillum has something analogous to a spore which is not affected by the remedy and which develops subsequent to its administration (in some cases) and leads to the reappearance of the spirillum in the system. Either this is true or there is some error in the accepted

Digitized by Google

methods of laboratory diagnosis of the disease. The question appears to be as to the length of time which should elapse between doses of the drug, after the disappearance of the spirillum and to hinder its reappearance. Can 606 be administered once or repeatedly until the disease is conquered absolutely and in all cases except those in which it is definitely contraindicated from the first? We have much to learn about this remedy before we can reckon on it as a definite quantity, but that it is to have a permanent place among the more important of therapeutic agents we fully believe.

We are hearing of the administration of 606 by physicians at rates varying from $10 to $500. Until physicians can make more definite promises to patients than they now can we find it difficult to understand how they secure the higher degrees of separation which these figures represent; people are not giving up two, three or five hundred dollars unless they are very strongly encouraged to expect an equivalent. We believe that the men who are making these charges are doing so to the definite disadvantage of the good repute of medicine; they are making hay while the sun shines without thought of the possibility that they may be destroying the plant, root and branch, in their eagerness to convert it into the wherewith which they desire; they would leave barren fields where even a goat could not find whereon to browse.

The Unfortunate Son of Wealth.

Having arisen from stock not over-burdened with money, and having never acquired wealth by marriage or the appendix route it is possible for us to observe the various escapades of the sons of wealth with unprejudiced interest. It would appear that as great a misfortune as can befall a young man is to discover that he is an heir, and an heir to so much money that he can hardly anticipate the possibility of disposing of the income therefrom. In the fabled days such an one would have taken up some innocent fad, such as much travelling, giving to the poor, or cultivating the arts; but these days one decides such employment altogether too tame and takes to much marrying, without regard to the laws of God or man and with indifference to the fortune or misfortune of his various partners in the pleasantry; another stocks his garage with machines of foreign make and proceeds to make the highway a place filled with danger for all mankind, should he be so erratic as to ignore all law and seem irresponsible there always is a golden key which will enable him to side-step the conseqeunces which would fall on the shoulders of one who did not belong to the moneyed nobility. Ignoring law seems to be the chief occupation of this class of society. One Harry Thaw, who got his, stands among a host of those who do not get theirs. They take the law into their own hands in lesser ways, to be sure, but the principle is the same. We cannot excuse Thaw because he made himself judge and executor, everything we have heard indicates that the penalty was not too severe, but Thaw had no right to assume the role which he did. The man who drives his auto down a busy street at 40 miles an hour belongs to the same class, an accident now and then may occur but he can always swear that he was not going faster than ten miles, and even should he have to pay out a little money for the experience he has had the excitement, and he did not have to earn the money. It makes one wonder what this country is going to come to in a few generations, its moneyed aristocracy is already getting to be so much of a nuisance. The American nation is characterized by a considerable amount of the same good hard sense which characterized our forefathers, and we anticipate that presently there will be some serious thought devoted to the idle rich which may bring results to their advantage.

ST. LOUIS ITEMS.

Dr. William E. Leighton and Miss Virginia Evans, both of St. Louis, were married in the city November 26.

Dr. Walter C. Kirchner, formerly superintendent of the City Hospital of St. Louis, has returned from Europe and has opened offices in the Metropolitan Building, St. Louis.

Working Committees of the St. Louis Medical Society.—The Council of the St. Louis Medical Society has elected the following committees for 1911: Membership: Henry Schulz, F. J. V. Krebs and H. J. C. Sieving. Program: A. G. Schlossstein, Hewitt and Porterfield. Publication: E. A. Babler, Winter and Bleyer. Medico-Legal: J. C. Falk, Loewenstein and Kimball. Public Health and Legislation: B. G. Benson, Esselbruegge and Bliss. These gentlemen serve for one, two and three years in the order named.

Digitized by Google

Jewish Farm for Incurables.—The Jewish Charitable and Educational Union of this city has purchased a fifty acre farm just outside the city, on which it is purposed to immediately erect suitable buildings and conduct a home for incurables. Something like $50,000 is already available for the purpose and the farm is paid for.

The Medical Era will hereafter appear under the editorial management of Dr. R. B. H. Gradwohl. Dr. Gradwohl assumed editorial charge on January 1st; he plans several innovations in the manner of the journal's conduct, and will devote much time and energy to it. The readers of the Era are to be congratulated on the selection of Dr. Gradwohl for this position.

Our Schools for the Under-Average Child.—The recently made report of the superintendent of the special schools of this city demonstrates the wisdom of schools of individual instruction for pupils who do not readily grasp the work done by average pupils. The advancement of many of these pupils under the new plan is surprisingly encouraging to teachers, parents and the pupils themselves.

Garbage Disposal.—The City of St. Louis is again agitated over the matter of garbage disposal. An injunction promises to close the reduction plant near St. Charles, the low stage of the river makes Chesley Island out of the question, and it remains to be seen what will be done. The question would be a serious one were it not winter, and it is important even at this season. It would seem that the farmers of St. Louis County might profitably interest themselves in its solution.

Dr. Edsall Comes to W. U.—The announcement, recently made, that Dr. D. L. Edsall had resigned from the University of Pennsylvania and accepted the chair of Preventive Medicine at Washington University was received with genuine enthusiasm here in St. Louis. The present policy of W. U. is one which means great things of the repute of our city as an educational center. We have not heard how soon Dr. Edsall is to assume his duties here, but presume that there will be no great delay in his coming.

The St. Louis Obstetric Dispensary furnished medical attention to 258 cases during the period from November 1, 1909, to October 31, 1910. There has been a large increase in the number of out-door cases at this dispensary on account of the migration of the class of patients requiring dispensary assistance out of the district in which the dispensary building is at present located, and a call has been made for funds to erect and equip a new building in the section where most of the work is now done.

Death of Dr. Warren G. Priest.—Dr. Warren G. Priest, for eight years chief dispensary physician and former chief vaccine physician of St. Louis, died on January 11th at Robert Koch Hospital for tuberculosis. Dr. Priest rendered the City of St. Louis a lasting service while acting in the capacity of chief vaccine physician by stamping out smallpox as an annual scourge, thus rendering the maintenance of a smallpox quarantine unnecessary. Dr. Priest was 51 years old and unmarried. He was a graduate of the old St. Louis Medical College and passed practically all of his professional career in the service of the Health Department of St. Louis, as an interne at the City Hospital, as junior physician at the City and Female hospitals, as assistant and as vaccine physician. Following a nervous breakdown nearly two years ago, he was taken to the City Sanitarium, where he developed tuberculosis, from which he died. He was considered an authority on smallpox by city officials and by fellow-physicians.

"Salvarsan."—We have wondered when something other than "606" would appear as a name for Ehrlich's new remedy. The American agents, Victor Koechl & Co., have answered the query, for through them it is obtainable under the name Salvarsan.

The Jackson County (Kansas City) Medical Society has followed the example of the St. Louis Society in enlarging its Weekly Bulletin. Our neighbors to the West have yet to learn that space in this publication is worth more for announcements and news than for publishing original articles, but the fact will be developed to their satisfaction in time. The new Bulletin makes a very creditable appearance.

After examining the mouths and teeth of 6,000 school children at Louisville, Dr. W. E. Grant, who has had charge of the work, has issued a statement in which he asserts 85 per cent of the children have diseased teeth or gums. Because of what he terms the appalling condition of the school children's teeth, he says that it is remarkable that there has not been an epidemic of various diseases through the exchange of candy and other sweetmeats among the pupils.

Digitized by Google

CORRESPONDENCE

PARIS LETTER.

French medical procedure and methods of education differ so radically from those which prevail in America, that a brief review of the system in vogue here will, no doubt, prove of interest to the general reader and of benefit to those who contemplate study abroad.

There is but one medical school in Paris —styled the "Faculty of Medicine. Its teaching force consists of those physicians and surgeons in charge of the various hospitals used for educational purposes; vacancies being filled by examination. Practically all the hospitals of the city are under one central control. The cost of maintenance, estimated at $10,000,000, is derived in great part from the tax on theatre tickets and on betting on the races.

The physicians and surgeons at the head of these institutions are appointed for an indefinite period; but there is an age limit of 65 for the physicians, and 62 for the surgeons. If, however, they are named "Professors de Clinique," they may continue in service a few years longer. Their assistants are chosen from the student body by competitive examination, oral and written (held yearly), no student being eligible unless a matriculant for at least three years. The places to be filled number some three or four hundred, and from eight hundred to one thousand students appear for the examinations. The successful candidates, called externes, are appointed for a period of three years with the privilege of reappointment at the end of that time. From this body of externes are chosen, annaully, by competitive examination, some fifty or sixty internes, who serve for a period of four years, and are changed from one hospital to another every year; the same system of rotation applying to the externes as well. The internes correspond to what is known in America as assistant physicians and surgeons. Their duties are practically the same; and while, theoretically, they are not supposed to perform operations, or take complete charge of cases, in practice they do both; and often are left in full control of the hospitals to which they are attached.

The minimum time in which a student can graduate is five years; the average is from six to eight years; and it is not uncommon to find men who have spent ten years in the hospitals before taking their degree.

To the foreign student coming to Paris, there are three courses open:

First.—The State Diploma: this can only be obtained by taking the routine course, which includes the examination for Bachelor of Letters, and Philosophy (the French diploma); the certificate for Chemistry, Physics and Natural History. This course is wellnigh impossible without a thorough knowledge of French.

Second.—The University Diploma: this diploma is conferred after two or three years of study, but does not convey the right to practice medicine in France.

Third.—One can matriculate as a student, the fee for which is six dollars with an extra charge of from ten to thirty dollars for laboratory work, and continue his study ad libitum; pursuing any course fancy or circumstance may dictate. This is the nearest approach to a course for post-graduate work to be found here.

Some knowledge of the language is necessary for any systematic work. Few of the professors speak English, all the lectures are delivered in French. For the casual visitor, however, there is no such need. In every hospital or clinic some one can be found with a sufficient vocabulary to carry on an elementary conversation; which, supplemented by signs and gestures, renders some little interchange of ideas possible. Nowhere will the stranger be treated with more courtesy and respect, or greater efforts made to instruct and entertain.

The question of what hospitals and clinics to visit depends very largely upon individual taste, and the special line of work in view; as the hospitals of Paris, some forty-six in number, are scattered all over the city, any attempt to visit them all or even make a haphazard selection, would prove both unpractical and uncertain. Hence a few representative institutions will be mentioned to serve as a criterion. Of these the Hospital Boujon, 178, rue de Honore, the Hospital Bertonneau, 48 rue Carpeau, the Hospital Enfant Malades, 158, rue de Severes, and the Hospital Trousseau, 156, rue de Michel Bizot, are among the largest; each containing about 450 beds. The buildings are old, but the equipment is modern, up-to-date, and will compare favorably with the best hospitals of England and America. The Hospital Boucicault, 78, rue de la Convention, though smaller than those mentioned above, having a capacity of 250 beds, is one of the newest and best equipped of all the hospitals of Paris; and should be visited if for no other reason than to see what Paris has to offer in this regard. The grounds comprise about ten acres, beautifully landscaped; the

Digitized by Google

buildings are all detached, with maternity, observation and isolation wards, mortuary, and the various laboratories. Students are listed, though it is not in general use as a teaching hospital.

Another institution well worth a visit is the surgical hospital of the women of France, 73 rue Jonquaire, founded by the Red Cross Society of France, for the express purpose of educating nurses for the army. Each nurse when graduated, is enrolled in the war department, and subject to the same regulations as govern the common soldier. This hospital was founded by popular subscription, and is maintained in part in the same way, and in part by fees received from the patients admitted. Though created to serve the state, it costs the state nothing; an example, we of America would do well to emulate.

The American Hospital, 44 rue Chauveau, Neuilly, should be visited by every American for patriotic reasons if for no others. It is an American institution in a foreign land; operated by Americans, for the benefit of Americans alone, and owes its existence to American push and enterprise. In operation less than one year, its capacity of 26 beds has already proven inadequate, and steps are being taken to enlarge it. Dr. Manion is chairman of the Board of Managers; Dr. Du Boichet is general surgeon, and Dr. R. H. Turner is maternity surgeon; both having served as assistants in the French hospitals, Dr. Du Boichet under Terrier, and Dr. Turner under Legars. They are both bright, energetic and capable men.

The clinics, though smaller as a rule than those met with in London and the large centers of America, are better managed, and more is made out of the material. Kirmisson, the Nestor of Paris orthopedists and pediatrists, has a daily clinic at the "Enfant Malades" of fifteen to twenty-five patients, and will average about twenty operations a weeks. He is not only a good operator, but a splendid diagnostician. At the Hospital Bretonneau, one sees Mouchet, bright, quick, scintillating, whose hobby is surgical technique. His clinic is about the same size as that of Kirmisson, but he does more operating. Savaraud, of the Hospital Trousseau, is slow and methodical; careful of his ground; never in a hurry. He lacks the deftness of touch and celerity of action characteristic of Mouchet, but his manner inspires confidence. His clinic is a large one, and some good work can be seen here. Tuffier, of the Hospital Boujon, he of ovary-grafting fame, is an original investigator; a bold and fearless operator; and one of the ablest men in Paris. He speaks a little English, and is an adept with crayon and blackboard. His clinic is larger than any of the others; confined chiefly to pelvic work, and operations on the abdominal viscera.

At least one visit should be made to the orthopedisic clinic of Drs. Calot and Privat, held every Saturday afternoon from 2 to 5, at No. 7, Avenue Montaigne. Their plaster work is superior to anything that can be seen in America; some 40 to 50 patients are treated during the afternoon. These men do not believe in operations as corrective measures, but rely on manipulation and plaster for results. Their theories may be open to criticism, but their work is above reproach.

E. L. COOLEY, M. D.
Professor of Pediatrics in the American Medical College, St. Louis.

December 10, 1910.

Psychoanalysis at Johns Hopkins.—The lay press is devoting not a little space and somewhat of humor to the new Henry Phipps Psychiatric clinic of Johns Hopkins. Like many another enterprise which has been undertaken seriously but has labored under the repute of being a joke this is quite likely to prove of tremendous importance in the future weal of mankind.

Mining for Coffin Planks.—One of the most curious industries in the world is the business of mining for coffin planks, which is carried on in Upper Tonquin, a portion of the French possessions in Southeastern Asia. In a certain district in this province there exists a great underground deposit of logs, which were probably the trunks of trees engulfed by an earthquake or some other convulsion of nature at a comparatively recent period. The trees are a species of pine known to the natives, and also to some extent to European commerce, as "nam-hou." The wood is almost imperishable, and has the quality, either through its nature or as the result of its sojourn underground, of resisting decay from damp. This quality makes it particularly valuable for the manufacture of coffins, and for this purpose it is largely exported to Europe. The trees are often a yard in diameter. They are buried in sandy earth, at a depth of from two to eight yards, and are dug up by native labor as demand is made for them.—Harper's Weekly.

Digitized by Google

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Prognosis in Chronic Valvular Disease of the Heart.—Allyn (Am. Jour. of the Med. Scs., Nov., 1910) says that the prognosis of chronic valvular disease of the heart in private practice is much better, both as to duration and capacity for work, than most persons realize. It is no uncommon experience to find persons who have sustained these lesions, for ten, fifteen and twenty years, in some cases much longer without either great discomfort or great impairment of activity. The patients who sustain these lesions longest and with least embarrassment are those of temperate habits and spare build who do not easily become angered or worried and who are controllable as to their work of life and activities. Those who can lead quiet, sheltered, protected life naturally live the longest. When death occurs it is usually the result of some accident or intercurrent disease. So long as there is only a lesion the prognosis is good a lesion ceases to exist and disease sets in when the heart enlarges and subjective symptoms appear. The author regards subjective symptoms a better guide to the functional energy of the heart and its lasting power than the objective signs. In agina pectoris the duration may be five years instead of the conventional one or two, just as some cases of aortic insufficiency may, under favorable conditions, last for thirty or forty years instead of ten years.

Use of Typhoid Vaccines in Typhoid Fever.—Anders (Jour. A. M. A., Dec. 10, 1910) elaborates on the fundamental principles of vaccine treatment detailing his experience with its use in a series of eight cases. He says vaccine therapy in the treatment of typhoid fever should receive a more extended trial than hitherto, more particularly in the earlier stages of mild types of the disease, before being rejected. In the present state of our knowledge, the value of typhoid vaccines must be conceded for the following purposes: (1) as a means of prophylaxis; (2) in suitable cases when continued during convalescence, to prevent relapses; (3) to combat local infections with the typhoid bacillus, as for example, bone suppurations which arise in the period of convalescence, and (4) for the removal of the typhoid bacilli from the feces and urine in the case of typhoid-carriers.

Physiologic Action, Uses and Abuses of Alcohol in the Circulatory Disturbances of the Acute Infections.—Miller (Jour. A. M. A., Dec. 10, 1910) summarizes his article as follows: In the circulatory disturbances of acute infections, impairment of the vascular regulating mechanism is more apparent than active disturbance of the heart, and therapeutic measures should be directed to ward the prevention or correction of these vasomotor disturbances. Alcohol in man and the lower animals, when taken in small amounts, frequently acts as a cardio-vascular stimulant. The exact method of action is still disputed. Larger amounts of alcohol in individuals not addicted to its use, invariably acts as a cardiovascular depressant by paralyzing the vasomotor center. The border line between the amount acting as a stimulant and the amount having a depressing action is variable and this variability in action renders alcohol an undesirable therapeutic agent.

Trichinosis: A Clinical Study of Fifty-two Sporadic Cases.—Thompson (Am. Jour. of the Med. Scs., August, 1910) says there should be no difficulty in determining promptly a correct diagnosis of trichinosis based upon the observation of the following symptoms: 1. Acute onset usually with vomiting and abdominal cramp. 2. A high grade of eosinophilis, invariably present; usually above 35 per cent and frequently much higher, even above 80 per cent. 3. A high grade of temperature, often reaching 104 F. or more, and lasting in lessening degree for two to six weeks. 4. Puffiness of the eyelids and face, with pains in the eyes occurring in one-fourth of the cases. 5. Dyspnea and diaphragmatic breathing occurring without cyanosis in about one-fourth of the cases. 6. Generalized muscle pains, cramp, soreness, and prostration, causing sometimes deceptive apparent immobility. 7 The sudden occurrence of symmetrical circumscribed corneal hemorrhages in a patient whose blood vessels are not degenerated should give rise to suspicion of trichinosis

Cutaneous Diphtheria.—Place (Boston Med. and Surgical Jour, Nov 10, 1910) records a fatal case of cutaneous diphtheria and remarks that this has been seen at the South Department of the Boston Hospital during the past three years in the following conditions: 1. About the face and hands, often appearing much like an impetigo contagiosa, less often with distinct membrane.

Digitized by Google

Cultures show virulent Klebs-Loeffler bacilli, and both types clear rapidly with the administration of antitoxin. 2. On the auricle, chiefly the concha, extending from the middle ear; and behind the auricle inoculated upon the ezcema so common in this region in children. 3. Inoculated upon lupus vulgaris lesions on the face, following curettage. 4. In wounds and abscesses on the neck and face. 5. Inoculated upon variculla lesions, most commonly on the vulva or vagina. At times it is severe in these locations, and similar cases of cutaneous diphtheria have been known to be the cause of small epidemics.

Relation of the Pancreas to Diabetes.—Pratt (Jour. A.M.A., Dec. 17, 1910) says, despite opposing theories and conflicting observations in regards to the relation of the pancreas to diabetes some facts have been definitely as certained. The total removal of the pancreas always leads to a fatal diabetes. Atrophy of the pancreas produced by excluding all the pancreatic juice from the intestine is associated with a marked decrease in the limit of assimilation for sugar. Transplantation of a portion of the pancreas prevents the development of dibetes when the rest of the gland is extirpated. Lesions of the islands of Lansgerhaus are found in most cases of diabetes. They are usually associated with changes in the acini. In the progressive atrophy which follows the occlusion of all the pancreatic ducts in dogs and cats, both islands and acini are gradually destroyed. All the islands may disappear without diabetes resulting. The conclusion is justified that the pancreas has an internal function concerned with the metabolism of sugar. The nature of this function, the relation of the islands of Langerhaus to the acini, the significance of histologic changes in both structures, these and other problems still await solution.

The resolution passed by the recent meeting of the Ohio State Medical Teachers that the State Board of Medical Examination and Registration be requested to join the Ohio State Medical Teachers' Association and the Ohio College Association in petitioning the Ohio State legislature to pass a law requiring two years of work in a college of liberal arts, including chemistry, physics, biology and a modern language, as preliminary to entrance to a medical college, it is believed will result in the extinction of at least three medical colleges in the State.

LAY SERMONS.

The editor of The Outlook has the following to say of the house fly in his issue of December 31st:

THE TYPHOID FLY.

The old description of a man of mild and gentle disposition as one "who would not hurt a fly" no longer carries with it the old intimation of praise. The fly has been found out. He is known to be not only a nusiance but a danger, an enemy not only to peace but to health. He has received a new name, the typhoid fly—a name which suggests the function he is adapted by birth, physical structure, mental inclination, and personal habits to discharge. The typhoid fly is a carrier of disease—typhoid, cholera infantum, and other intestinal diseases. He breeds in dirt, the manure pile, the out house, the rubbish pile, or the garbage can. He lives upon dirt. His spongy feet pick up filth and disease germs and carry them into the house to the food you eat, the liquids you drink, and the dishes you use. He has been called "the fly who does not wipe his feet—until he comes into the kitchen." He performs no useful service; he is indefatigable in his appointed task of conveying dirt and disease germs from the foul surroundings where he is born and lives to the places where your food is prepared and eaten. He is a nuisance, but he is a preventable nuisance. And every good citizen should become, not one "who would not hurt a fly," but one who will do everything in his power to aid in his extinction. The fly formed the subject of one of the most interesting sessions of the American Civic Association at its convention in Washington ten days ago. The Association is carrying on, through its fly-fighting committee, a vigorous campaign against this dangerous pest. The committee reported progress, showing that many communities, municipal and State, were taking up the matter, and describing results which had been obtained where the fight had been systematically waged. Dr. L. O. Howard, Chief of the National Bureau of Entomology, and Dr. Woods Hutchinson, of New York, described the nature, habits, and baleful achievements of the fly, and suggested measures for his elimination. A series of moving pictures showed graphically the life history of the fly, from the egg to maturity. The Civic Association's committee, which is headed by Mr. Edward Hatch, Jr., of New York, is doing admirable work in educating the public to the

Digitized by Google

menace from the typhoid fly and in arousing and assisting communities to work for the fly's extinction.

HOW TO ABOLISH THE FLY.

The fly is a danger which comes home to every family. And each family can do much to minimize the danger. But the great work must be done by the families in a community working together. A bulletin of the American Civic Association gives a series of rules for dealing with the fly. They are so admirable that we print them entire:

Files breed in horse manure, decaying vegetables, dead animals, and all kinds of filth.

Not less than 95 per cent of the pests are bred in the stable.

All stables should have a manure bin with a door at the side and a wire screen on the top, that the larva deposited in the manure before it was placed in the bin will be screened when hatched; and as flies seek light and come to the top of the bin, they can be easily killed by burning paper or some other device.

The fly has a thirst only equaled by his hunger; place a dish of poisoned water in the stable and a greater part of the flies hatched there will be killed.

Flies are nature's scavengers, fulfilling the same function that some bacteria do, but become an intolerable nuisance and danger when entering human dwellings and by contamination of food.

The presence of flies is a direct evidence of careless housekeeping and of the existence of filth in some form about the premises, they are more dangerous than the good housekeeper's terror found in bedrooms.

Remember that wherever absolute cleanliness prevails there will be no flies. Look after the garbage cans. See that they are cleaned, sprinkled with lime or kerosene oil, and closely covered.

Remove all manure from stables every three or four days, and when removed keep in a tight pit or vault, so that flies can not breed in it.

Lye, chloride of lime, or blue vitriol water, crude carbolic acid, or any kind of disinfectant may be used.

Keep flies away from the kitchen. Keep flies out of the dining-room and away from the sick, especially from those ill with contagious diseases.

Screen all food. Apply this rule not only to food prepared at home, but to foodstuffs offered for sale, and especially fruits, salads, and all other things which do not require to be cooked.

Prevent consumptives from expectorating where flies can feed upon it.

To clear rooms of flies carbolic acid may be used as follows: Heat a shovel or any similar article and drop thereon twenty drops of carbolic acid. The vapor kills the flies.

A cheap and perfectly reliable fly poison, one which is not dangerous to human life, is bichromate of potash in solution. Dissolve one dram, which can be bought at any drug store, in two ounces of water, and add a little sugar. Put some of this solution in shallow dishes, and distribute them about the house.

Sticky fly paper, traps, and liquid poisons are among the things to use in killing flies, but the latest, cheapest and best is a solution of formalin or formaldehyde in water. A spoonful of this liquid put into a quarter of a pint of water and exposed in the room will be enough to kill all the flies.

To quickly clear the room where there are many flies burn pyrethrum powder in the room. This stupefies the flies, when they may be swept up and burned.

If there are flies in the dining-room of your hotel, restaurant, or boarding-house, complain to the proprietor that the premises are not clean.

The following are the new officers of the Cincinnati Academy of Medicine: President, W. D. Haines; vice-presidents, J. Ambrose Johnston and H. C. Jones; secretary, E. O. Smith; treasurer, A. G. Drury; librarian, A. I. Carson; trustee, E. Gustave Zinke; censor, A. H. Freiberg; delegates to Ohio State Medical Association, G. Strohbach and William Gillespie; alternate delegates, Samuel Iglauer and J. H. Landis; member of auxiliary committee on public policy and legislature, C. A. L. Reed.

Mortality from Respiratory Diseases.—There was a noteworthy decrease in the number of deaths from influenza, commonly called "grippe," in 1909, in the Census Bureau's death registration area, representing over 55 per cent of the estimated population in continental United States. Bronchitis and pneumonia, classified under respiratory diseases, but usually closely associated with influenza, showed, for bronchitis, about the same number of deaths, and for pneumonia a marked increase. Pneumonia, in the aggregate, caused more deaths than other diseases, except tuberculosis.

Digitized by Google

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Results in the Treatment of Diabetes Mellitus.—T. Stuart Hart, New York (Medical Record, October 8, 1910), thinks that although diabetes is rarely cured so as to make the patients absolutely free from limitations, they are rendered practically well and their lives prolonged for many years. The most important thing in their treatment is a painstaking record of the diet and condition of the urine, which enables the physician to see readily the exact state of the disease. The author gives samples of the history chart that he has devised and histories to illustrate his method. The patient must be educated to carry out implicitly all directions, he must have careful supervision and education, and must co-operate with his physician. The diet must be written out on the form of a prescription, giving the quantity and kind of food to be eaten at each meal. We must first establish his tolerance for carbohydrates by lessening their consumption and giving the organs a time to rest. Later we may increase the amount that may be taken. Considerable amounts of fats and some whiskey are often beneficial. A standard diet, practically carbohydrate-free, must be prescribed and then an accessory diet containing a certain amount of carbohydrate must be added to it. Increased carbohydrate tolerance may be brought about by removal of carbohydrates, and is the index of improvement. The importance is emphasized of taking care of the mild, early cases before they have reached an advanced stage and are difficult to treat.

Diabetes Mellitus.—The recent advances in the treatment of diabetes mellitus are discussed by G. B. Wallace, New York (Jour. A.M.A., Dec. 1), who says, that, in spite of all experimental and clinical work thus far done, a specific or etiologic treatment has not yet been obtained. There has been a decided advance, however, in the dietetic treatment of the disease, though much remains still unknown or obscure. The experiments based on the theories of the disorder are noticed, but no great success has been obtained in this way, certainly not by the method of utilizing internal secretions. There is a tendency in recent years to a less frequent employment of drugs. Alcohol is still used to a large extent by some and in the von Noorden clinic, but von Noorden himself has pointed out that more than 50 c.c. a day is not to be used. Its food value in this quantity is not of importance and it is recommended chiefly as an aid to digestion, chiefly of fats. Here it would seem, however, unnecessary as a rule, and, while it may be difficult to withdraw it from those habituated to it at once, it should be remembered that diabetics are especially susceptible to its injurious influences on various organs. Rudisch's recommendation of atropin is noticed, but the author's experiments do not support his views. For the actual progress in the treatment we must turn to dietetics. The notion that diabetics require more food than others has led, Wallace thinks, to much damage. There is no excessive energy requirement, according to recent experiments and in some severe cases the minimal amount of food which will maintain the body weight gives the best results, and an amount about equal to that for a healthy man is advisable. The quality food is important. In mild diabetes certain principles may be laid down for

Digitized by Google

practically all cases. First, the tolerance for sugar is determined by gradually increasing the bread in the test diet until glycosuria reappears. The patient is then placed on a carbohydrate free diet for at least two weeks. The sugar tolerance will gradually increase, the hyperglycemia disappear, and it is rarely that acidosis to any dangerous extent occurs during this period. A mixed diet is now given and the new degree of sugar tolerance is determined as before. In many cases it will be found that it approaches the normal. In others it may show only a slight increase. In all cases, however, the subsequent diet should be such that the urine remains sugar-free diet should be given for a week or two at least once in three months. This may not seem necessary to some patients, but it must be enforced. In severe cases the qualitative management of the diet is of greater importance. The fact is now well established that high protein feeding is not desirable in severe cases. The protein of eggs and vegetables are to be preferred to those of meat. As regards carbohydrates in severe cases most patients do better with one kind of starch alone than with several kinds. This is the basis for the rice, potato and oatmeal treatments. Of these, the latter is of the greatest importance and it is sometimes remarkably beneficial. Though it may decrease glycosuria, its chief value is in lessening acidosis. It is to be given alone as gruel, with no other carbohydrate, to the amount of 250 grams a day. As regards fat feeding, the amount of fat in the diet does not increase the acetone bodies unless it is taken in enormous quantities. Our knowledge concerning acidosis is incomplete and the latter is not always in proportion with the sugar intolerance. It may be slight when the other is great, and vice versa. Allard has pointed out that in dogs the acidosis is not due to a non-utilization of carbohydrates, but probably to a pathologic state of the liver. It seems determined that the condition is not strictly an acidosis but rather an intoxication by specific poisons. One of these we know—oxybutric acid—and we know that its salts are also poisonous. We should try to prevent the formation of these substances and hasten their excretion. A strictly protein diet increases the acetonuria, but, if it can be persisted in, an ultimate decrease can often be obtained. The addition of carbohydrate lessens the acidosis but increases the glycosuria, but in threatening coma the latter is of less importance, The periods of vegetable or oatmeal feeding exclusively are especially useful in persistent acidosis. Sodium bicarbonate aids the excretion of oxybutyric acid, and to get the best effects it should be given in large doses. He lays out a general line of treatment of severe diabetes, avoiding a strict diet for any length of time or alternating it with vegetable diet. Each case, however, must be studied individually. Thus only can it be learned what is best for each individual.

Dr. Saylor says that in chronic enlargement of the tonsils, phytolacca continued for some time will diminish the size. In tonsillar affections, no matter of what character, phytolacca nearly always is a specific.

Most cases of "b.onchitis" mean tuberculosis, bronchial pneumonia or multiple bronchiectasis cavities.

Brain localization of tumors, hemorrhage, etc., is stiil in its infancy.

A PRAYER FOR DOCTORS AND NURSES.

BY WALTER RAUSCHENBUSCH

WE praise thee, O God, for our friends, the doctors and nurses, who seek the healing of our bodies. We bless thee for their gentleness and patience, for their knowledge and skill. We remember the hours of our suffering when they brought relief, and the days of our fear and anguish at the bedside of our dear ones, when they came as ministers of thee. May we reward their fidelity and devotion by our loving gratitude, and do thou uphold them by the satisfaction of work well done.

We rejoice in the tireless daring with which some are now tracking the great slayers of mankind by the white light of science. Grant that under their teaching we may grapple with the sins which have ever dealt death to the the race, and that we may so order the life of our communities that none may be doomed to an untimely death for the lack of the simple gifts which thou hast given in abundance. Make thou our doctors the prophets and soldiers of thy kingdom, which is the reign of cleanliness and self-restraint and the dominion of health and joyous life.

In their whole profession, strengthen the consciousness that their calling is holy and that they too are disciples of the saving Christ. May they never through the pressure of need or ambition surrender the sense of a divine mission and become hirelings who serve only for money. Make them doubly faithful in the service of the poor who need their help most sorely and may the children of the workingman be as precious to them as the children of the rich. Though they deal with the frail body of man, may they have an abiding sense of the eternal value of the life residing in it, that by the call of faith and hope they may summon to their aid the powers of thy all-pervading life.—American Magazine, November, 1910.

Digitized by Google

MEDICAL MEMORANDA

Diseases of Women. "In disordered conditions of the liver, indigestion, intestinal atonicity and neurasthenia, the effects of Prunoids is most beneficial. In diseases of women, particularly those occurring at puberty or the climacteric, and in connection with the menstrual function, Prunoids are markedly efficient as a safe and thorough laxative."

Creating New Plants in Iowa. One of the solutions of the food problems of the future, according to L. H. Bailey, agricultural director at Cornell university, in an article in the January "Century," is the breeding of new forms of plant life. Men like Burbank have done marvels in this field and Mr. Bailey describes the work of C. G. Patten of Iowa.

Facing Death. Why should we consent even to the semblance of lack of courage in our pagan trappings of woe at every death? We may well grieve that we are left behind; that a comrade whose face and voice and interpretation of life make half our joy should pass beyond our grasp. But if we believe that death is going to justify itself as life has justified itself, there is no right or reason in emphasizing grief. We were made to go onward. There is no permanent stoppage in the great processional pageant passing from one eternity on to another. And when we are forced to wave "farewell" to one who goes beyond our sight, let it be courageously and with a solemn gladness. "There is nothing to be commiserated," writes the good, gray poet to one about to die. "I do not commiserate —I congratulate you."—Louise Collier Willcox, in Harper's Bazar.

New Volumes on Practical Treatment. W. B. Sanders Company now have going through their presses a three-volume work on Practical Treatment, written by international authorities and edited by those able clinicians, Dr. John H. Musser and Dr. A. O. J. Kelly ,both of the University of Pennsylvania. In looking over the list of contributors we can come to but one conclusion; namely, that this work will undoubtedly take rank as the very best on treatment extant. The names of the authors carry with them the positive assurance of thoroughness. Indeed, each chapter is a complete monograph, presenting the most recent therapeutic measures in a really practical way. As the general practitioner is required to know certain therapeutic measures more or less of a surgical nature, leading surgeons have been selected to present such subjects. This is an important feature, and, to our knowledge, not included in any similar work. In every case the men have been most aptly chosen for their respective tasks, and under the wise editorship of Drs. Musser and Kelly there has been produced a work on Treatment that will remain for many years the last word—a source of practical information, easily obtained and readily digested. The work will sell for $6.00 per volume, in sets only.

Robert Hichens on the Psychic Double. In the third instalment of his six-part novel, "The Dweller on the Threshold," now running in the "Century Magazine," Mr. Hichens develops some curious features of the human "double." His story forms a unique contribution to psychical research.

Useful Remedy for the Heart. "The great bulk of clinical evidence leaves no doubt that Cactina Pillets is an eminently useful remedy for the heart when properly indicated and properly applied. At any rate, the wealth of facts gleaned from practical bedside experience cannot fail to stimulate the interest of every open-minded physician who is striving constantly to accomplish the best possible results in the best possible way."

A New Line of Parke, Davis & Co. "Everything under the sun for physicians" might be suggested as a motto not inappropriate for Parke, Davis & Co. The thought is prompted by the recent incursion of the company into the field of surgical dressings. It was something like a year ago, if we mistake not, that Chloretone Gauze and Formidine Gauze were launched in modest fashion, the purpose evidently being to let them find their way into the medical armamentarium in the natural order of events rather than by artificial fostering. Their reception by the profession must have been gratifying, for the line soon began to expand. Now it numbers six gauzes and tapes, and we note a disposition on the part of the company to bring them more prominently to the attention of physicians. For this reason a word or two in explanation of them may not be out of place. The line includes Chloretone Gauze, Formidine Gauze, Formidine Tape, Adrenalin Tape, Plain Tape, and Anesthone Tape. What has been said of the therapeutic properties of Chloretone Formidine, Adrenalin and Anesthone (and most physicians are well acquainted with these products) is applicable to the surgical dressings. Chloretone Gauze applied to raw surfaces exerts an anesthetic and antiseptic action, promoting the comfort of the patient. It is markedly useful in extensive burns. Formidine Gauze takes the place of idoform gauze. It is more actively antiseptic, does not stain the clothing, is non-toxic, and is practically odorless. Formidine Tape, which comes in two widths (½ inch and 1½ inches) is used for packing cavities antiseptically. Adrenalin Tape, supplied in ½ and 1 ½inch widths, is serviceable in tamponing cavities to check hemorrhage. Plain Tape, which also comes in the two widths above mentioned, is used for packing and draining small wounds and cavities. Anesthone Tape is serviceable in the various forms of nasal hyperesthesia. All of the tapes are double-selvaged and when removed from wounds do not leave short threads to cause irritation. Parke, Davis & Co. issue a small pamphlet descriptive of their medical gauzes and tapes. Physicians who have not received a copy are advised to write for one. The dressings are pretty generally carried in well-stocked pharmacies.

Digitized by Google

The Restlessness and Sleeplessness of Pneumonia. The relief of restlessness and sleeplessness of pneumonia calls for the use of a soporific that will not depress the heart, yet it must possess an effectiveness, otherwise its only influence will be to disturb the already suffering stomach. The unusual value of Passiflora Incarnata (Daniel's Concentrated Tincture) as an agent of its class and its freedom from depressing effects, insure that no better agent than it can be chosen to allay the restlessness and sleeplessness of pneumonia. It has been demonstrated that every virtue of chloral and the bromides is to be found in Passiflora (Daniel's) with none of their disadvantages. A sample may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga., if you have not already received a bottle.

Oxygen for Athletes. Athletes in England sometimes inhale oxygen to strengthen their muscles and to increase their strength. Recently a professional boxer engaged in a boxing match with a novice whose chief defect was lack of training. After the first round the novice was so exhausted that he was about to abandon the match. A doctor who was present administered a few whiffs of pure oxygen and the novice immediately recovered his normal strength, and with it an impetus not normal. He returned to the game, and just missed giving the knock-out blow to a very powerful adversary.

The repetition of the experiment proved that inhalations of oxygen enable the sportsman to attain the maximum of his vigor and endurance. As a result of this discovery special reservoirs with radiating tubes have been placed on sale for the benefit of the sportsman, who can now "take oxygen" as he formerly took oxygenated water.—Har-

The Ideal Cough Remedy. Doctor, when all the "old standbys" have failed to relieve that obstinate cough, prescribe Triacol (Alpers), the ethical preparation of ethacol, sodacol, potassacol; does not disturb the stomach.

Cuba's Natural Resources.

The wealth of Cuba's natural resources has for centuries been a matter of common knowledge, but it has remained for the present generation to make the most of them. Even under the backward and unbusiness like methods of former days great fortunes were made year after year and now the introduction of American brains and energy has laid the foundation for a prosperity beyond anything of the past. The great need at the present time is for more capital. An excellent investment opportunity is being offered by the International Fruit & Sugar Company, which owns and is developing some of the finest land in the island. The company, through its fiscal agent, the J. L. Rice Company of 45 Milk street, Boston, is placing on the market a limited amount of its first mortgage five per cent bonds. These bonds carry valuable convertible privileges and form a most attractive as well as a safe and profitable investment. They are well worth the investigation of the discerning investor.

Hot Springs, Ark., the National Resort.

The opening of the "season" at Hot Springs, Ark., on January 1st, is a signal for hundreds of well-to-do people of the Central North to hie themselves to this ever-popular resort for rest and recreation, and especially to escape the rigorous climate, with its blizzards and sudden changes so prevalent during January and February. A number of our prominent physicians, who for many years sent their patients to Florida and the Gulf resorts, are now recommending Hot Springs instead. Some of the reasons for this change in advice is that the temperature of Hot Springs is more equable, the altitude is higher, and then the difference in distance is no less an important factor. Hot Springs weather has none of the depressing, enervating conditions so noticeable in the warmer climate of the extreme South. But the principal reason for sending patients to Hot Springs, is found in the wonderful hot water and the beneficial effects of the baths at this great natural sanitarium. And in this connection may be mentioned the recently completed bath palace of the Park Hotel, which is now the best equipped bath house in Hot Springs, and ranks with the best to be found at the European spas. The hydrotherapeutic department of the Park bath house is in charge of trained specialists, and physicians may send their patients there in full assurance that they will receive scientific treatment and the best of care. The Park Hotel which has recently been remodelled, is under the management of Mr. J. R. Hayes, whose reputation extends throughout the land. The "Park" will be run on the European plan exclusively this season, affording its guests the choice of either a full or modified a la carte service. Mr. Hayes will be pleased to receive a personal visit from any physician who desires to investigate the baths.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, FRIDAY, FEBRUARY 10, 1911. No. 3

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

WHEN AND HOW TO OPERATIVELY TREAT VARICOCELE IN THE MALE.

AIME PAUL HEINECK, M. D.

CHICAGO, ILL.

Surgeon to the Grace, Reliance and Cook County Hospitals; Senior Professor of Surgery, Reliance Medical College; Adjunct Professor of Clinical Surgery, College of Physicians and Surgeons, University of Illinois.

(Continued from page 33.)

Advantages of the Open Operation for Resection of Varicose Spermatic Veins.— 1. Under the guidance of the sense of sight, every step of the operation can be carried out with precision. Insufficient or excessive removal of veins does not occur. The operator removes only that amount of veins, the ablation of which cannot lead to undesirable immediate or remote sequelae. With the subcutaneous methods, the veins can be ligated, but not resected. 2. The inclusion of the vas deferens in the ligature can always be avoided. In the subcutaneous operations, a thickened vein may be isolated under the impression that it is the vas, and the vas be ligated with some of the varicose veins. The ligation of the vas deferens permanently occludes the secretory duct of the testicle of that side. From the standpoint of procreative power, the testicle whose vas has been ligated is and remains valueless.

3. More complete hemostasis is secured. With the open method, the complete control of hemorrhage is easily effected. In the course of the subcutaneous operations, a small or a large vessel may be accidentally puntured; such a puncture can lead to the formation of a hematoma, can give rise to an extravasation of blood into the scrotal tissues. Either of these accidents necessitates an incision of the scrotum, followed by evacuation of the extravasated blood, and ligation of the bleeding points.

4. A slight lengthening of the usual incision enables the surgeon to appropriately treat coexisting neighboring pathological states, as hernia, vaginal hydrocele, neoplasms of the spermatic cord, etc.

5. The simplicity of technique of the open operations places them within the reach of all operators.

The permanent occlusion or obliteration of the ligated, divided or undivided, spermatic veins is effected by the organization of the thrombi that form on the proximal and distal sides of the ligatures placed on the non-divided vessels, or on the ligated proximal and distal ends of the divided vessels. In the subcutaneous methods, the expectation of permanent cure is also based on the organization of thrombi forming on each side of the ligatures. For the organization of a thrombus time is required. The transformation of a thrombus into a block of connective tissue is effected not by the cells contained in the thrombus, but by the proliferation of the cells of the injured vessel wall. The vessels of the occluding block of connective tissue are derived from the vaso-varsorum of the ligated vein. Previous to the organization of the thrombi, undue activity on the patients' part may lead to the dislodgement or detachment of thrombotic particles, and to emboli formation and its consequences. Therefore, all forms of operative treatment that do not exact confinement of the patient to bed for at least a week are to be condemned. Early activity on the part of the patient has determined such unfortunate accidents as pulmonary infarcts (30).

For the treatment of varicocele, many various operative procedures have been suggested. Vince (31) treats varicocele by resecting and shortening the lengthened and relaxed cremaster muscle. He incises the skin from the external abdominal ring to the superior pole of the testicle. An incision of the same length divides the intercol-

Digitized by Google

umnar fascia and the cremasteric fascia and muscle longitudinally. The cord is elevated from its bed and retracted. Vince then applies transversely on the cremaster muscle two forceps at a distance of 6 cm. from each other and resects that portion of the muscle extending between the forceps. The two muscular extremities having been sutured to each other, the cord is replaced on the surface of the muscle, and the longitudinal incision closed. In exceptional cases, Vince supplements this procedure by partial resecting of the diseased veins.

Brault (24) resects the varicose veins and in addition, excises an oval flap from the postero external surface of the scrotum. He recommends the employment of his method in all cases of varicocele that have recurred after bilateral resection of the scrotum. For the operative treatment of varicocele he considers bilateral resection of the scrotum the operation of choice.

Brault's operation consists of the following steps:

1. Excision of an oval postero-external scrotal flap.
2. Longitudinal division of the spermatic cord's sheaths.
3. Resection of the varicosed spermatic vessels.
4. Careful suturing of the sheaths of the spermatic cord.
5. Closure of wound in such a way that the resulting line of suture has the shape of an inverted V.

For the cure of varicocele, Paons (18) has devised an operation that still enjoys a degree of popularity. Its different steps of execution are the following:

1. Make 6 cm. incision extending from the external abdominal ring downward upon the neck of the scrotum.
2. Isolate the testicle. The testicle and the spermatic cord are completely freed so as to permit their delivery, their enucleation through the scrotal incision. The cord is isolated as far as the external abdominal ring.
3. Incise longitudinally and then evert the tunica vaginalis testis. After eversion, the upper margin of the tunica vaginalis is sutured with catgut to the internal pillar, to the pubic fibrous tissue and to the external pillar in such a way as to convert the vaginal tunic into a sac ensheathing the dilated veins. The empty scrotal sac created by the suspension of the testicle is obliterated by suturing of the opposed walls.

Parona aims by this approximation of the testicle to the external abdominal ring:

1. To lessen the height and weight of the blood column in the spermatic vein and branches.
2. To favor the venous return circulation.
3. To aid the action of the cremaster muscles.
4. To obtain a permanent firm physiological suspension of the testicle. The everted and fixed tunica vaginalis maintains the testicle elevated, exerts moderate compression upon the varicose veins and to a degree hinders the elongation of the spermatic cord. Parona's operation is not serviceable in the presence of a markedly pendulous scrotum or of a varicocele too voluminous to be contained in the vaginal suspensory. It has been objected to Parona's operation that insomuch as it deprives the testicle of its vaginal envelop it is anti-physiological. Though the fore-mentioned methods have, in some hands, given good results, we recommend their general abandonment and the employment of the operative procedures, separately, exceptionally, conjointly almost always, that we are about to describe.

We aim by these two operative procedures, performed at one and the same sitting:

1. To suppress the subjective symptoms: pain, sensation of weight and fulness of the scrotum, dragging sensation along inguinal canal.
2. To secure the re-establishment to physiological conditions of the altered venous circulation and thereby to prevent degenerative changes in the testis. Should the testis be undersized or somewhat atrophied call the patient's notice to the condition previous to operation; it becomes more apparent after resection of the veins.
3. To restore to the scrotum its normal contour and dimensions.
4. To support the testicle in such a way as to permanently hinder its descent as well as to prevent the elongation of the spermatic cord.
5. The removal in part of the diseased vessels.

In the operative treatment which we practice and recommend for varicocele, we make a direct and an indirect attack upon the existing pathological conditions. We ablate some of the varicosed veins; we shorten the relaxed and lengthened scrotum. It is a mixed method suppressing by resection of the varicosed veins the main element of the condition; and by resection of the pendulous scrotum, an accessory, a contributory element of great importance.

This double operative procedure:

a. Resection in part of the diseased veins; b. Resection of the pendulous and attenuated scrotum, can, without haste, be readily per-

LIBRARY AUG 12 1915 MEDICAL

Digitized by Google

formed in about fifteen minutes. It entails no risks to life and when performed by careful and experienced hands, is never followed by undesirable immediate or remote sequelae. An assistant is necessary.

The patient and the operative field having been prepared according to the teachings of modern aseptic surgery as for a major operation, it is well to have recourse to general anesthesia. We know that these operations can and have been performed successfully with the aid of local anesthesia, but clinical observation and operative experience have taught us they can be performed immeasurably better if the patient be anesthetized by the aid of a general anesthetic. General anesthesia secures a more complete abolition of pain and enables the surgeon to do his work deliberately and precisely.

Operation Proper.—1. Patient in the dorsal recumbent posture, the lower limbs straight out, short distance apart.

2. Repreparation of the operative field: inguinal, pubic, and scrotal regions.

3. The operator makes an inch or an inch and a half oblique incision, the midpoint of which corresponds to the pubic spine, dividing the skin and superficial fascia and exposing the spermatic cord. This incision is practically a suprapubic incision. It is easier to isolate the veins close to the inguinal canal than near the testis, and as here fewer vessels have to be ligated, the mass included in the ligature is smaller. Thomson says that the secret of the operation is to attack the veins high up where they are lying in a distinct tube of fat and fascia, distinct from the vas.

4. The spermatic cord is then isolated and elevated from its bed. The cord's envelops, the infundibuliform fascia, the cremasteric fascia and muscle, and the intercolumnar fascia, are incised longitudinally and thus the spermatic veins and branches are made easily accessible.

5. Identify the vas deferens and if possible the spermatic artery (38). The vas deferens, owing to its volume, its consistency, and its cord-like feel, can always be recognized; the spermatic artery, however, is at times extremely difficult to positively identify. As the pulsations of the spermatic artery are often imperceptible, they do not furnish a constant guide to the vessel. Bear in mind that the artery is always close to the vas deferens, that it accompanies it and follows the same course, and avoid including the vessel in the ligatures (38). Do not injure the vas deferens and its blood supply. Leave the veins of the vas deferens and also those that course upon the cord's sheaths undisturbed. These vessels should not be ligated, should not be resected as they are important for the re-establishment of the collateral circulation. The spermatic veins have numerous anastomoses with the veins of the vas deferens, of the scrotum, of the septum scroti. Operate with as little traumatism as possible, and observe the most rigorous asepsis. Let there be no needless handling of the vas deferens, of the epididymis, of the testis. If the vas deferens or testicle be roughly handled, orchitis or epididymitis may supervene.

6. The condition is usually limited to the spermatic veins or pampiniform plexus. The larger portion of this plexus can be resected. To resect all of the veins of the spermatic cord is a grave mistake. In Porter's (32) case, after an operation for varicocele, the testicle, owing to a sufficient blood supply not having been left, became inflamed, was unable to recover, and sloughed.

Isolate the veins for a greater distance than the amount of vessels to be removed, so that when the divided ends are united too great kinking of the vas will not take place (33). Though the vas deferens is about 18 inches long, the actual distance traversed by it is, owing to its somewhat convoluted course, not more than 12 inches. Therefore shortening of the cord by resection of the veins does not interfere with the functions of the vas deferens. Most operators ligate the veins with strong catgut at two different points, about two inches apart. The intervening portion of the vein is resected. Other operators ligate the veins about half an inch above the epididymis, and again a little below the external abdominal ring and resect the intervening portion. It goes without saying that these compressing ligatures are applied perpendicularly to the course of the vessels. The upper and lower ligatures are tied to each other; there results from this apposition of the ends of the severed veins an induration which need cause no alarm as it gradually undergoes absorption, in about three months (Potter 35).

The ligation and resection of the left spermatic veins interrupts the weight of the venous blood column that formerly extended from the left renal vein downwards to the testicle. The knotting together of the upper and lower ligatures of the divided veins assists the enfeebled cremaster muscle in its endeavors to support the dependent testicle. This also removes more or less continuous strain from the vas deferens,

Digitized by Google

and its accompanying vessels. After approximating the ligatures, the proximal and distal stumps are sutured to each other.

Eads (34) and others advise avoiding injury to the genito-crural nerve which supplies the cremaster muscle. If this nerve is cut, the portion of the cremaster muscle distal to the seat of the division is deprived of its power of contractility, its blood supply is diminished, it wastes, weakens, stretches and the natural consequences are a flabby scrotum.

7. Carefully inspect the stumps for oozing. Great care must be taken to secure complete hemostasis, for small bleeding points may give rise to large-sized hematomata. Slight hemorrhage, such as would occur in connection from a damaged vein leads to the formation of a hematoma which can by exerting pressure upon the remaining veins prove a potent factor in determining edema and thickening of the scrotum, subjacent tissues and testis. Postoperative hemorrhage may be due to slipping of the ligature, to the use of a faulty knot, to defective ligature material.

By tying together the proximal and distal ends of the divided vessels, in case of slipping of ligatures, it is easier to locate the bleeding point. Krone (36) anchors the divided stump of veins above, to fibers of ring, and to Poupart's ligament.

Corner and Nitch (37) report two cases of varicocele in which resection of the veins was followed by postoperative hemorrhage. In these two cases the pelvis was filled with blood which had escaped from the retracted end of the spermatic artery projecting through a rent in the peritoneum.

8. After all hemorrhage has been arrested, the divided sheaths of the cord are sutured and this is followed by the closure of the operative wound.

As previously stated we always supplement this resection of the veins of the spermatic cord by partial amputation of the scrotum. We consider this step essential to effect a prolonged if not a permanent cure of the condition. In over one hundred cases operated on during the last two years at the West Side, Reliance, University, and Cook County Hospitals, we have not noted a single tendency to recurrence.

The relaxed pendulous and attenuated state of the scrotum associated with varicocele suggests retrenchment of the redundancy. By resection of the scrotum, a natural suspensory is formed which will keep the testicles in good position and prevent a recurrence of the disease. A close fitting scrotum, by better supporting the testes, by keeping them higher, prevents traction upon the veins of the pampiniform plexus and thus renders them less liable to dilatation.

Skin of the scrotum is thin, is elastic, is pigmented and marked by a longitudinal raphe and when contracted by transverse ridges. In scrotectomy performed secundum artem, the vas deferens and its vessels and the spermatic artery are not exposed to injury.

The technique for scrotectomy which we are about to describe possesses the following advantages:

1. Rapidity and simplicity of execution. Interrupted sutures are not used; they complicate and prolong the operation and do not afford as much protection against hemorrhage as the continuous suture ligatures employed.

2. Adaptability to the cure of relaxed scrotum irrespective of cause. It will be found serviceable to correct scrotal overdistention caused by voluminous varicoceles, large scrotal hernias, large hydroceles, testicular neoplasms, etc. It builds out of the scrotal envelops a natural suspensory and removes all the scrotal tissue that appears needless, superfluous.

3. It requires little if any postoperative treatment. As catgut is the only suture and ligature material used, there is no call for the removal of stitches or ligatures. The portion buried in the tissues is absorbed; the remaining portion is cut off.

4. No special instrument is required. No clamps are used. Two needles, three artery forceps and a pair of scissors suffice to accurately perform the operation.

5. Absolute control of operative hemorrhage.

6. Absolute prevention of postoperative hemorrhage.

7. Safety and efficacy. In over one hundred cases, our results have been uniformly good. We have had a few cases of healing by delayed first intention, but in these cases, even healing by secondary intention does not unfavorably influence the ultimate results of the operation.

Scrotectomy would have enjoyed a greater popularity, if a method had been devised previous to our own enabling the surgeon in this operation to easily and surely control hemorrhage. It is the fear of hemorrhage, operative and postoperative, the fear of hematoma-formation which has deterred many surgeons from performing this operation, and which has led others to devise ingenious clamps for the prevention and control of this accident. There is not any clamp, whether convex or concave, whether designed to be applied proximally

Digitized by Google

or distally to the site of section, that has proved universally efficient. It is now conceded that clamps do not furnish an absolute safeguard against hemorrhage. Accidents have followed their use by competent hands (Dardignac, Lucas-Championniere, etc.). We have discarded the use of clamps, special or others, and have succeeded in working out a technique which absolutely eliminates all danger of hemorrhage, primary or secondary.

In resecting a scrotum, the line of section may be unilateral, may be bilateral; may be longitudinal; may be transverse. We almost invariably resort to a bilateral transverse line of section. The same technique, however, is serviceable for a longitudinal line of section. In longitudinal resection, the cicatrix falls in the line of the median raphe, or rather reconstitutes it, and the scrotum is in no way deformed. Transverse bilateral resection possesses the advantage of acting upon both halves of the scrotum at the same time, and of giving a cicatrix that does not in any way interfere with future penile erections.

Proceed as follows:

1. The assistant with the fingers of one hand spreads the scrotum to its maximum, and with the fingers of the other hand pushes the testes towards the inguinal canal. It is desirable that neither the testes nor the tunicae vaginalis be traumatized or injured. The operator then estimates the amount of scrotal tissue which it is proper to remove. Enough must be removed so that the new scrotal sac will firmly support the testes. Care must also be taken not to remove too much; otherwise, the new scrotal sac will cause discomfort by compressing the testicles against the pubic bones.

2. It has been observed in this operation that the vessels of the septum scroti were frequently the origin of the postoperative hemorrhage. Therefore, in scrotectomy, these vessels must be kept in mind. In operative surgery, the customary and elective way of arresting hemorrhage is by ligating vessels at their bleeding points. Surgeons rarely depart from this rule, and the ligation in continuity of a vessel for the arrest of hemorrhage is an exceptional procedure performed only under exceptional conditions. In the ligation of a vessel, the compressing ligature is placed perpendicularly to the course of the vessel and directly upon its walls. This is the usual procedure and is known as immediate ligation. In terotectomy, however, we make use of mediate ligation, the compressing loop of

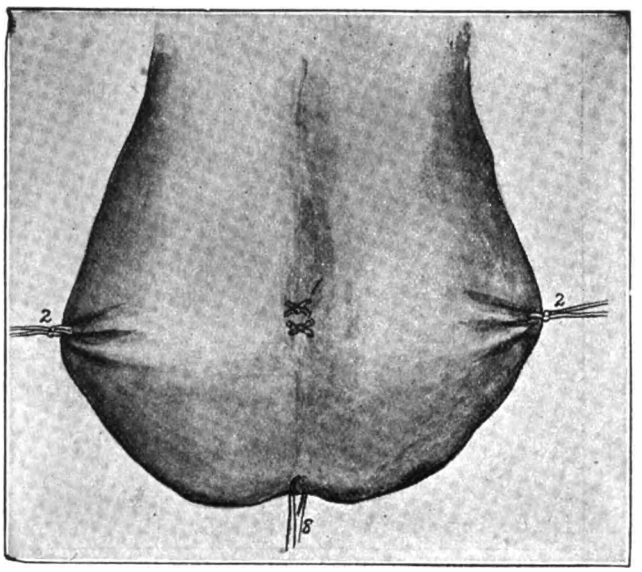


Fig. 1.

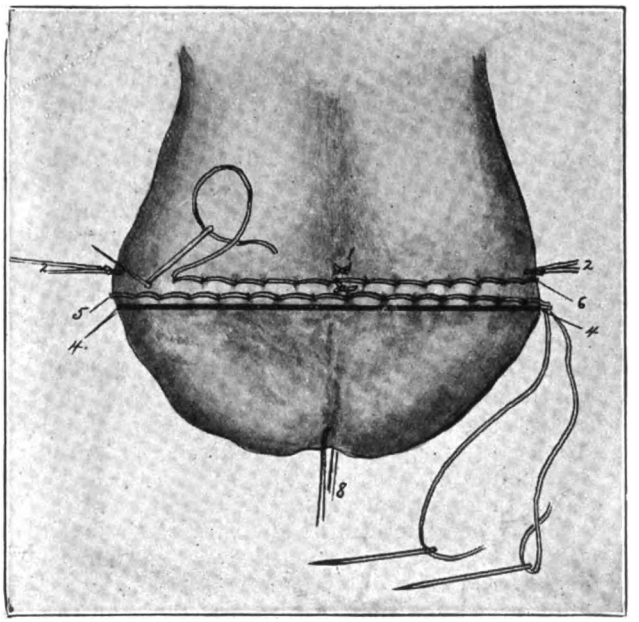


Fig. 3.

The number apply to all figures.

1. Ligature perforating the anterior and posterior scrotal walls in the region of median raphe.
2. Right and left lateral ligatures knotted and temporarily left long to be held taut and serve as guy-ropes during introduction of two suture ligatures
3. Suture-ligature showing method of introduction and how it includes within its loops the tissues comprising the scrotal walls.
4. Line of scrotal section.
5. First suture-ligature inserted at about ¼ cm. from proposed line of scrotal section.
6. Second suture-ligature inserted at about ½ cm. from proposed line of scrotal section.
7. Subcuticular stitch approximating edges of scrotal wound.
8. Forceps helping to spread out the scrotal tissues.

Digitized by Google

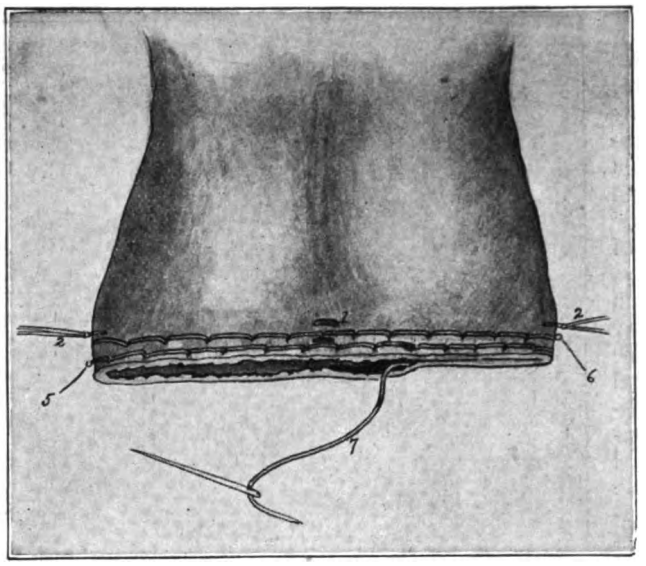


Fig. 4,

catgut is placed perpendicularly to the long axis of the vessel, and in such a way that between it and the vessel wall there intervenes a layer of scrotal skin, and underlying tissues.

3. One catgut ligature is introduced at the point marked I (Fig. 1, 3 and 4); they are knotted and cut short. This ligature perforates the anterior and posterior walls at about the median raphe and is designed to control, to prevent hemorrhage from the septal regions. This ligature is an important factor in the securing of hemostasis.

4. One ligature is introduced at each lateral margin of the scrotum (2 Fig. 1, 3 and 4). These two ligatures are knotted, and the ends for the time being left long serve as guy-ropes maintaining the scrotal tissues taut while the two suture ligatures are being introduced.

5. The point of scrotal resection has previously been determined (4 Fig. 1, 3 and 4). Two long ligatures of thick catgut are selected and each one is needled at both ends. The needles which I prefer for these suture ligatures are long straight needles, flattened from side to side (straight spear-pointed needles are also useful). No needle holder is used. The needle eyes must be large enough to allow the easy gliding into them of the catgut. The assistant, by the aid of the two lateral ligatures (2 Fig 1. 3 and 4) and a forceps or tenacula placed at point 8 (Fig 1. and 3), spreads out fan-shaped the portion of scrotal tissue which the surgeon is about to ablate.

6. At about a ½ cm. from the proposed line of scrotal section, the operator makes the middle of one of the double-needled strands of catgut saddle the lateral scrotal margin nearest to him, and then proceeds with the introduction of the first suture ligature, as shown in plate 3. This is a continuous stitch somewhat analogous to the cobbler's stitch, extending from one lateral scrotal margin to the other and including in its loops the anterior and posterior scrotal walls and intervening tissues (5 and 6 Fig. 1, 3 and 4). It is seen that the two needles are used at the same time; and that they constantly go in diametrically opposite direction Upon reaching the further lateral margin, the ends of the suture ligature are tied, knotted and cut short.

7. A similar continuous, cobbler-stitch-like suture ligature extending from one lateral scrotal margin to the other is now inserted (6 Fig. 3 and 4) at about a ¼ cm. within the one just introduced, or at about ½ cm. within the line of proposed scrotal section (4 Fig. 1, 3, and 4). Like its mate, it perforates the anterior and posterior scrotal walls and its loops are intended to approximate the scrotal tissues and to control hemorrhage. By looking at the illustrations, it will be seen, that the needle punctures of one suture-ligature correspond to the middle of the loops of the other suture-ligature. After this suture ligature has covered the entire transverse width of the scrotal sac, it is tied, knotted and it ends are cut short.

8. The operator now cuts off with scissors the redundant scrotal tissue, corresponds to the line of scrotal section.

9. Usually the edges of the wound gape; this is overcome by the introduction of a continuous subcuticular catgut stitch (7 Fig. 4). The wound is dressed, rubber tissue being placed over the dressing to prevent the possibility of contamination by urine.

10. A double spica gauze bandage is now so applied as to maintain the testicles elevated upon the abdomen, and to exert slight but painless compression upon the new formed scrotal sac. As after other operations performed upon the spermatic cord or the scrotum, the patient may suffer for a few days from urinary retention. This is easily and safely overcome by gentle and aseptic catheterism.

Resection of veins is occasionally followed by some edema of the scrotum, a

Digitized by Google

little engorgement of testes, and a moderate effusion into tunica vaginalis. This gradually disappears and need occasion no alarm.

So as to maintain the operative region dry, it is well to change the scrotal bandage every few days.

The patient is confined to bed two weeks and for a month thereafter, but no longer, is to wear a well fitting suspensory.

BIBLIOGRAPHY.

1. Quain, Richard A., Dictionary of Medicine, 1894, Vol. 2, p. 1158, D. Appleton & Co., N. Y.
2. Senn. N., On the Frequency of Varicocele and the Limitation of Operative Treatment for this Affection, Phil. Med. Jour., 1898, Vol. 1, p. 1165.
3. A. Pearce Gould. Two Cases of Varicocele with Undeveloped Testicle, with remarks on the Nature of Varicocele, Clin. Society's Transactions' 1881, vol. 14' p. 75.
4. Chassaignac, Chas., Med. Rec., 1902, vol. 63, p. 608.
5. Dardignac, J. J, A., Note sur le varicocele et son traitment, Revue de Chirurgie, 1895, vol. 15, p. 721.
5a. Istomin, E. K., Zur pathologischen Histologie und Klinik der Varikokele, Deutsche Zeitschrift fuer Chirurgie, 1909, p. 99.
6a. Rocher, Varicocele infantile, J. de Med. de Bordeaux, 1906, vol. 36, p. 648.
6b. Broca. A., Varicocele ches l'enfant, Le Bull. Med., 1902, vol, 16, p. 965.
7. Curling, T B., On Diseases of the Testis, 1888, Lindsay & Blakiston, Phil.
8. Hochenegg, J., Ueber Diagnose und Klinische Bedeutung der Symptomatischen Varikokele bei malignen Nierentumoren, Zeitschr. fuer Klin. Medezin, 1907. vol. 62, p. 51.
9. Duplay and Reclus, Traite de Chirargie, Paris, 1899, vol, 7, p. 1215.
19. Delbet, P., Cancer du fois secondaire a un epithelioma juxta-pylorique de l'estomac demeure latent. Coexistence d'un varicocele symptomatique a droite, Bull. and Mem. de la societe Anatomique de Paris, 1901, vol. 8, p. 461,
11. Longuet, L., Chirurgie reparatrice du varicocele, La Presse Med. 1902, vol. 10, p. 879.
12. Deschamps, H., Les notions nouvelles sur le varicocele, Prog. Med., Paris 1906, 3 ieme serie, vol, 22, p. 131
13a. Corner, E. M., Varicocele—What of It? Lancet, 1905, vol. 2, p. 993.
13b. Howard, Frank, Varicocele—What of It? Lancet, 1905, vol. 2, p. 923.
14. Boland, Frank K., Varicocele and Its Operation, Jour. A.M.A., 1906, vol. 50, p. 1888.
15a. Dudley, A. P., Varicocele in the Female, What is Its Influence Upon the Ovary, N. Y. Med. Jour., 1888, vol. 48, p. 147, 174, 183.
15b. Miller and Kanavel, Uncomplicated Varicose Veins of the Female Pelvis, Am. Jour. of Obst., 1905, vol. 51, p. 480.
15c. Shober, John B., Varicocele of the Broad Ligament, Am. Jour. of Obst., 1901, vol. 43, p. 664,
16. Picque, Lucien, Varicocele et Obsession, Ann. des Maladies des Organes Genito-Urinares, Paris, 1905, vol. 23, p 1169.
17a. Carta, F., Semaine Med., 1908, vol. 28, p. 606.
17b. Harath, Radikal Operation der Varikokele, Wiener Klin Wochenschr., 1900, vol. 13, p. 73.
18. Spillmann, G., Note sur quatorze observations personelles de cure chirurgicale du varicocele par le procede de Parona· Arch. Prov. de Bhir., 1902, vol. 11, p. 221
19. Patel and Charlier, Les tumeurs du cordon spermatique, Revue de Chir., 1899, vol. 39, p. 119.
20a, Burghard, F. F., A System of Operative Surgery, Oxford University Press, 1909, vol. 3, p. 639.
20b. Longuet, L, Un cas de thrombophlebite du cordon traite par la phlebectomie, La Presse Med., 1899, vol. 7, p. 166.
21. Patel, M., Rupture de Varicocele, Ann. des Maladies des Organes Genito-Urinares, Paris. 1904, vol. 22, p. 1521.
22. Death from Rupture of a Varicocele, The Lancet, 1880, vol. 1, p. 295.
23. Loumeau, Guerison operatoire d'un enorme varicocele, Gaz. Hebd. des Sciences Med. de Bordeaux, 1903, uol. 24, p. 186.
23a. Loison, Traitement du varicocele par le procede de Narath, Bull. and Mem. de la Societe de Chirurgie, 1900, vol. 26, p. 636.
24. Brault, J.. Excision postero-laterale du scrotum combinee avec la resection pes veines dans les varicoceles compliques, Bull, and Mem. de la Soc. de Chir., 1900, vol. 26, p. 704.
25. Aguirre, A., Jour. of the Assoc. of Military Surgeons of the U. S., 1905, vol. 16, p. 46.
26. LeFort, Gaz, des Hopitaux de Toulouse, 1901, 15 ieme annee, p. 222.
27. Heineck, A. P., The Modern Operative Treatment of Fractures of the Patella, Surg., Gynec. and Obst., 1909, vol. 9, p. 177.
28. Lydston, G. Frank, Radical Treatment of Varicocele, Alkaloid Clinic, Chicago, 1901, vol. 8 p. 449.
30. Lewis, Dean D., The High Operation for Varicocele, Surg., Gynec. & Obst., Chicago, 1906, vol. 3, p. 584.
31. Vince, Nouveau procede de cure chirurgicale du varicocele, Jour. Med. de Brux, 1904, vol. 9, p. 525.
32. Porter, F. J. W., Operation for Varicocele; Sloughing of the Testis during Convalescence from Enteric Fever, Brit. Med. Jour., London, 1903, vol. 2, p. 184.
32. Furniss, H. D., Varicocele, Amer. Med., Phil., 1904, vol. 7, p. 891.
Eads, B. Brindley, Demonstration, Med. Standard, Chicago, 1904, vol 27, p. 521.
Potter, E. S., Suprascrotal Operation for Varicocele, with Ligature of the Spermatic Artery, N. Y. Med. Jour., 1903, vol. 77, p. 789.
36. Krone, C. R., Suprapubic Varicocele-Ectomy, Occidental Med. Times, Sacramento. 1898, vol. 12, p. 301.
37. Corner and Nitch, The Immediate and Remote Results of the High Operation for Varicocele. Brit. Med. Jour., London, 1906, vol. 1, p. 101.
38. Griffiths, Joseph, The Effects upon the Testes of Ligature of the Spermatic Artery, Spermatic Veins, and of Both Artery and Veins, Jour. of Anatomy and Physiology, 1895-1896, vol. 3 , p. 80.

THE NEED OF AN ADEQUATE ALPHABET.

A. L. BENEDICT, M. D.

BUFFALO.

Consultant in Digestive Diseases, City and Columbus Hospitals; Attendant in same, Mercy Hospital.

[FOR THE MEDICAL FORTNIGHTLY.]

The recent death of Ben Pitman naturally directs our attention to writing. The earliest writing was merely a pictorial representation of an event. Such illustrations were inevitably, often misunderstood, and, obviously, many ideas were too abstract to be represented. Thus various abbreviated, conventional pictograms came into use as well as arbitrary symbols to represent time, space, relations, etc. It often happens—among the Western Indians, for example—that men who could not understand each other's spoken language, can read each other's writing, translating naturally from pictogram to words.

The next stage in writing, developed independently in various parts of the world, as among the Egyptians and the ancient Mexicans, is almost exactly the same as the modern rebus and, like the latter, is phonetic but not accurately so, since it might often happen that the sounds in a word could not be duplicated by shorter names of objects.

Finally, a closer analysis of articulate speech was made in a few languages by syllables, more commonly by elementary sounds or simple combinations, each sound being represented by a sign which, in most cases, is found to be a highly abbreviated and conventionalized pictogram.

Few languages are so composite or have changed so rapidly as English. Hence it has come about that the Roman alphabet, quite adequate for the phonetic representation of Latin and by an arbitrary device of

Digitized by Google

double letters, of Greek, and even available for various other European languages, is very far from being phonetic so far as English is concerned.

The Pitmans were by no means the originators of short hand. Cicero's speeches, for example, have been preserved by the verbatim reporting of Tyro. In fact, more or less satisfactory systems of short hand have existed for many languages and for many centuries.

Still to the Pitmans must be accredited not only the development of practical short hand for English but suggestions adopted with various modifications for several other modern languages. Many of the so-called modern systems of short hand, known by the names of various men, are comparatively slight alterations of that of the Pitmans.

One of the most popular indeed, claimed to be more rapid, is simply the Pitman system with the omission of certain distinguishing marks so that more is left to the guess-work of the reporter when he tries to read his notes.

The Pitmans built so permanently because they started with an adequate conception of the disabilities of the Roman alphabet for writing English. The English language has 36 elementary sounds, while the alphabet consists of 26 letters. J and X represent diphthongs. Q duplicates K, C either K or S. Hence, on the average, each letter represents more than one and one-half sounds. By a medley of devices, few of which are consistently adhered to, it is possible to pronounce written English with about a 75 per cent chance of being right and to write spoken English, at times with a fair degree of confidence that a certain combination of letters is the right one, usually with the feeling that one of two to four combinations is correct—in each instance barring certain exceptions of quite an arbitrary nature. In the case of French, German, etc., the written word can almost always be correctly pronounced, and while one may at times hesitate as to how to write a given sound, the difficulty is very much less than in the case of English.

It occurs to us that the constant mental effort of remembering how to spell this word and how to pronounce that one, the eye-strain required to detect written and printed words, may be of very appreciable influence on the health of the better classes of English speaking peoples. A great deal has been written about the nervousness of Americans. Is it too far-fetched to suggest that if one could dispose of the trouble as to how to spell and how to pronounce English in a year, as we can for languages foreign to us and which we use only occasionally, instead of dragging these problems through ten years of school life and having them hanging over the heads of the best educated and those professionally engaged in literary pursuits, for a lifetime, a great deal of eye, ear and brain strain would be saved? If this suggestion still seems absurd, think of the number of jobs lost annually, by otherwise competent men and women, because they cannot master the intricacies of our spelling.

Writer's cramp is, at any rate, a definitely described disease, due to muscular strain. The waste of muscular effort in writing English is enormous. Any ordinary matter may be written in short hand, with sufficient fullness for easy pronunciation, faster than the initials of the words can be written in ordinary script. This is largely due to the fact that what may be termed letters, in short hand, are simple straight lines or quadrants of a circle. But quite aside from the unnecessary complexity of our letters, the muscular waste is considerable. For example, the first two sentences of this paragraph contain seven letters that may be considered silent; seven that serve to indicate the value of other letters (as the e in rate); while in five instances, the sound value of a letter is entirely arbitrary, even for English (s pronounced as z in is; a in any, E in English). The first two items represent a useless addition of about 13 per cent in the labor of writing while the last represents the psychic strain of being put off the track of thought and of regaining it.

These are far from being extreme examples. The word though uses six letters for two sounds. The combination Th regularly—but with some exceptions—represents a single sound for which modern English has no letter. Unfortunately, also, while it represents only one sound at a time, it may, indifferently, represent either of two sounds with no way for the student to discriminate, except that the writer has formulated the rather recondite rule that pronouns, pronominal adjectives, including the definite article, and conjunctional beginning with th have the sonant value for this combination while other words are rather apt to give it the surd value, as in thin. The combination ough is notoriously arbitrary in its pronunciation, scarcely any two words thus ending, being in rhyme. We happen to know of a man who has this combination of letters for his surname. Shall we address him as Oh, Oo, Ow, Uff, Ock, or Up (hiccough)?

In recent years there has been consider-

Digitized by Google

able agitation toward spelling reform. Realizing the utter inadequacy of a net alphabet of 22 letters, exclusive of those representing diphthongs and duplicating other letters, to symbolize some 36 sounds, we are not enthusiastic. Indeed the present spelling sometimes indicates derivation or throws light otherwise on the history of a word. We believe there can be no adequate spelling reform without an adequate alphabet, so that each single sound shall always be represented by one letter and vice versa. So radical a change would undoubtedly produce much immediate confusion. If undertaken at all, simple, and so far as possible, unilinear marks should be substituted for the irregular scrolls now in use, as letters. A reform on this basis would not only do away with years of labors in learning to spell and to pronounce, but it would increase the speed of writing from about 20 to about 60 words a minute and would correspondingly lighten muscular fatigue and eye-strain.

Make no diagnosis of hysteria, neurasthenia, or psychoneurosis in a patient whose symptoms begin after the forty-fifth year. The actual diagnosis is liable to be arteriosclerosis, hyperthyroidism, dementia paralytica or pernicious anemia.

Nonparasitic Cyst of the Spleen, Splenectomy.—Cyrenus G. Darling, Ann Arbor, Mich. (Med. Rec., Jan. 21), gives the history of a case of cyst of the spleen in a young school-girl. The cyst was present for some two years, the growth gradually increasing, accompanied at times by pain in the left side, and fever. When seen by the author the cyst had a diameter of dullness of 16 by 7½ inches, and displaced the heart and liver. It contained a fluid of chocolate color. Recovery followed removal of the entire spleen.

Ichthyol in Pulmonary Diseases.—William S. Barnes, New Haven, Conn. (Med. Rec., Jan. 21), finds in ichthyol a safe and valuable remedy in diseases of the respiratory tract, especially early tuberculosis, bronchitis, and pleurisy. The drug is an alterative, intestinal antiseptic, and vaso-constrictor. It stimulates the gastric mucous membrane and thus increases assimilation of food. It is given in peppermint water and in doses up to 20 grains three times a day. It diminishes the secretion of the bronchial mucosa. The author gives histories of eight cases treated with this drug.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Sand, Sawdust or Salt.

St. Louis has been having an epidemic ranging all the way through the list, from a simple cold to serious times with grippe and pneumonia, and we believe that while the cause may justly be laid to unseasonable climatic conditions, that there is a contributory cause which might readily be abated. Very generally salt is used to remove snow and ice from sidewalks and after every fall of snow there will be days of walking in the mixture, it makes a lot of people some sick and some people a lot sick. From a health point of view we believe it to be one of the most dangerous practices which is generally countenanced; some day it will be prohibited. Away up North where cold and snow are more abundant people do not try to clean sidewalks of packed snow until it has softened through thawing weather, and it is not distressingly slippery unless there be formed a spot of ice, which is easily rendered safe by the use of sand or sawdust or sifted ashes; on the whole they get along with less danger from slipping than we do. Some day when this subject gains such recognition that it can have serious attention there will be made carefully determined tables showing just how many deaths can be traced to this use of salt, and how much sickness which has a more favorable termination; when this happens this evil will soon be relegated to the limbo of foul air, polluted foods and other menaces to health which are already occupying the attention of physicians and sanatists.

Rules and Regulations of Our Hospitals.

In this number of the Fortnightly we are devoting considerable space to a publication of the rules under which the medical and dental staff of the city's hospitals is working. To a few of our readers who are not concerned in hospital work, a word of apol-

Digitized by Google

ogy for this might be thought proper, but we feel that this matter will have proven of interest to so large a majority that its appearance seems fully justified. Certainly there are few physicians here in St. Louis who are not wishing to know just the details which are here enumerated, and we believe that every physician who is in any way concerned in hospital management elsewhere will welcome this opportunity to learn so much of the scheme of government which has been developed here. While the plan of control is not original with St. Louis this document shows that it has been necessary to develop many features to meet local conditions, and it has a consequent individuality which is quite its own. Under it the considerable confusion which has heretofore characterized the work is rapidly disappearing and smoothness and efficiency such as these institutions have never known is being developed and will be maintained. It is but a few months since the reorganization was effected, the complexity of the machinery made for much confusion and some criticism during the earlier days, but it is most gratifying to witness the development of a system which is in itself sufficient argument to amply justify its existence and which promises so much of beneficence for those whom fate has made dependents on the community. In its ultimate working out the present scheme of hospital management, in its highest development, it is bound to give the city a maximum of effectiveness, and that at a minimum of cost.

An Unusual Meeting of the St. Louis Society.

On the evening of Saturday, January 28th, the entire scientific program of the St. Louis Medical Society was contributed by invited guests from other cities, except for the discussion which the papers prompted, and the evening was one of unusual interest to an audience which taxed the seating capacity of our auditorium. The guests and speakers of the evening were Dr. Hobart A. Hare, of Philadelphia, Dr. L. W. Bremerman of Chicago, and Dr. E. G. Mark of Kansas City. Dr. Hare spoke on "The Bearing of Old and New Facts on Our Conception of Cardiovascular Disease." The address was characteristic of Dr. Hare in that it was scholarly in the extreme and brought the practical consideration of blood pressure to the attention of every one of his hearers as it has too seldom been presented. The papers of Drs. Bremerman and Mark were on associated subjects, the former spoke on "Some Clinical Aspects of Urogenital Tuberculosis," and Dr. Mark on "Cystoscopic Study of Urinary Tuberculosis." The subject of tuberculous invasion of the urogenital tract has been kept so prominently before the profession of late that it is difficult to conceive of anything startlingly new on the subject, but it is so important a subject that there is still need of constant urging that the profession recognize and adopt scientific methods in reaching a diagnosis and in treatment. Both papers showed that a good deal of original work had been done by its author, and each was instructive in a high degree.

A reception to the guests was held in the parlors of the society at the close of the scientific work.

And What's the Matter with the Boys?

Whether it is a matter of deficient training, defective training or pure cussedness it seems to have been established a fact that every corps of internes at our city hospital experiences at about this period of the year a mania against established order. There is always a reason, usually it is the character or quantity of food; this year it was because one of the number desired to smoke cigarettes while on duty. Think of it! A man whose calling demands that he be able to exact obedience falling down on a fool thing like that! And others of his kind joining forces with him, making it something of a sympathetic strike, and finally dropping out from the best chance to get post-graduate training which can be found in this part of the country. It is probable that the mistakes in the training of these young men began away back in the pre-kindergarten days and that they never recovered. Those physicians who have regretted that the privilege of hospital interneship never fell to their lot are of the impression that the fool killer must have been having tremendously urgent business elsewhere else he would certainly have been heard from these later days over at the hospital.

If our medical schools fail to impress prospective graduates with the dignity of the calling into which they are to enter; if men are to be graduated with little or no sense of responsibility and so little stick-to-itiveness that they will desert positions where their presence may have a bearing

Digitized by Google

of life or death, when such things can happen and for no weighty reason, it is time for some other influence to step in and make authority which can be felt. We do not know just what the regulations of the Medical Society of City Hospital Alumni are as regards membership, but we do know that membership carries with it a considerable honor and respect, and we hope that that organization will see to it no member of the latest bunch of seceders ever gains admission.

Vox Populi Again.

We do not for a moment suppose that St. Louis is going to stop simply because the voters decided that the new charter, of which we spoke in our last issue, was not desirable, but we are none the less disappointed. The vote was decisive enough that it is unquestionably the voice of the people, and we have to be content with its expression. The rejection of the new code by no means means that the old is satisfactory, and it is to be hoped that the lesson of failure will lead to another attempt along the same line rather than another decade of inertia.

ST. LOUIS ITEMS

Dr. Cleveland H. Shutt, who has been for some months studying in the medical centers of continental Europe, is now in London. He will devote some months to English clinics and hospitals before his return to America.

A reception in honor of Dr. Hobart A. Hare, of Philadelphia, was given by Dr William Porter at his home on the afternoon of January 28th. A large number of local physicians availed themselves of the privilege of the occasion.

On the evening of January 29th Dr. Bransford Lewis entertained some fifty surgeons and urologists at his home on Lindell Boulevard to meet Dr. L. W. Bremerman of Chicago and Dr, E. G. Mark of Kansas City, who had come to St. Louis on Dr. Lewis' invitation. Drs. Mark and Bremerman were entertained at lunch on Saturday by Dr. G. M. Phillips at the Jefferson.

At its recent annual meeting the St. Louis Medical History Club elected Dr. M. G. Seelig secretary-treasurer. This office is practically that of general director and executive of the club; it has, in the past, been filled by efficient men, but there is an expressed expectation that Dr. Seelig's administration will be characterized by unusual activity and progress.

The New Buildings of the City Hospital and the City Sanitarium (formerly known as the Insane Asylum) are nearing completion. In a few days it will be possible to occupy the new section of the sanitarium, and Hospital Commissioner Morfit is perfecting arrangements for the gathering of the city's wards thereto from various of the state institutions where lack of room has heretofore necessitated their being placed.

Camphor in Large Doses in Pneumonia.—Leonard Weber, New York (Med. Rec., Jan. 21), advocates the use in pneumonia of injections of camphor in oil, made aseptically, with the needle thrust well down into the cellular tissue. Thus given there will be no pain, local swelling, or irritation of bladder, kidneys, or stomach. The author details a case of pneumonia in which there were evidences of intense pneumococcic septicemia, in which camphor was used successfully after this method, and recovery occurred.

Osteopaths Cannot Sign Death Certificates.—Local boards of health in New York can not recognize death certificates issued by osteopaths until the coroner has made an investigation, according to the decision of Judge Putnam, who said in rendering his decision: "While the city has wisely allowed the practise of osteopathy, it does not feel that it thereby holds one without any practise in medicine or surgery, or experience in prescribing drugs, to certify the cause of death . . The sanitary code is discriminating, but the discrimination is not personal or arbitrary. It is based on the limitation which the osteopath may be said to make for himself, and deprives him of no right he ought to exercise consistent with the public safety."

Boston Milk Must Be Bottled.—The Boston Milk Commission has succeeded in enforcing, after bitter opposition, an ordinance requiring all milk delivered in Boston to be bottled. This commission is now attempting to require a uniform standard for the State, so that the milk shut out from one city can not be immediately shipped into another city. They have also taken up with Harvard University the matter of conducting research work on milk for three years to determine some of the puzzling questions that always come up for discussion but can not be settled by discussion. The commission furnishes $2500 a year toward the expenses of this research. The National Department of Agriculture has also begun a similar line of research.

Digitized by Google

SAINT LOUIS' MUNICIPAL HOSPITALS—RULES FOR THE GOVERNMENT OF THE VISITING AND RESIDENT STAFFS.

ARTICLE I.—VISITING STAFF.

Sec. 1. The visiting staff of physicians and dentists of the hospital department shall include the following sections: Medicine, surgery, gynecology, diseases of children, genito-urinary surgery, diseases of the nervous system, orthopedic surgery, diseases of the skin, diseases of the ear, nose and throat, diseases of the eye, dental surgery, radiography.

Sec. 2. It shall be the duty of the visiting staff to take complete and authoritative medical charge of all cases in the hospital.

Sec. 3. All orders for treatment, with the exception of emergency treatment otherwise provided for, shall originate solely with the visiting physician in charge.

Sec. 4. The visiting physicians in the sections of medicine and surgery shall make daily visits to their patients; in the other sections they shall make their visits at least three times a week, and oftener when necessary. When, for any valid reason, a visiting physician can not attend, he shall notify the superintendent, who shall secure the services of another physician of his section.

Sec. 5. Members of the visiting staff shall begin and end their regular visits between 8 and 12 m. and 2 and 5 p.m. Special visits may be made at any time.

Sec. 6. All patients shall be seen by the member of the visiting staff to whom they may be assigned, as soon as possible, and in every case, within twenty-four hours after admission.

Sec. 7. All members of the visiting staff shall register the time of arrival and departure on the occasion of all regular or special visits, and they shall enter and leave, without exception, by way of the main entrance.

Sec. 8. All members of the visiting staff shall report to the superintendent or hospital commissioner, any neglect, incompetency or misconduct coming to their notice, on the part of any officer, employe or any person connected with the Hospital Department in any capacity. These reports shall be made in writing. Verbal criticisms shall not be made except to those in authority.

Sec. 9. In every case where the indications for operation are not perfectly plain, consultation shall be held before any elective operation is done.

Sec. 10. A written diagnosis shall be made of every case by the visiting physician in charge, and recorded on the patient's history within a reasonable time.

Sec. 11. The visiting physician in charge shall dictate all orders referring to the care and treatment of patients to his interne, who shall record them in the history.

Sec. 12. Each member of the visiting staff shall notify the superintendent of his regular visiting time. He shall notify the superintendent when he is unable to keep his regular appointment and also when he desires to make a special visit.

Sec. 13 Consultants shall respond to calls according to some scheme of rotation provided by the individual sections, and adopted by the staff.

Sec. 14. Request for special examinations, consultations or transferals to other services, shall originate solely with the visiting physician in charge of the case. Such requests and the reports shall be made in writing on special blank forms which shall become part of the record.

ARTICLE II.—MEETINGS.

Sec. 1. Regular meetings of the visiting staff shall be held at such time, before the second Monday in each month, as the visiting staff shall determine.

Sec. 2. In the order of business of their meetings the visiting staff shall provide a time during which the board member of the conference committee and the hospital commissioner, or both, may be present at their discretion.

ARTICLE III.—CONFERENCE COMMITTEE.

Sec. 1. There shall be a conference committee composed of a lay member of the hospital board to be appointed by the presiding officer of the board, the hospital commissioner and two members of the visiting staff, elected at the annual meeting of the visiting staff.

Sec. 2. Meetings of the conference committee may be called at any time by any two members of the committee, notice of the meeting to be sent by the hospital commissioner.

Sec. 3. It shall be the duty of the conference committee to consider all matters relating to the visiting staff and the medical care of the patients, referred to it by the hospital board or the visiting staff, and report its conclusion to the hospital board for final decision.

ARTICLE IV.—EXECUTIVE COMMITTEE.

Sec. 1. The visiting staff shall have an executive committee, of which the president shall be ex-officio chairman.

Sec. 2. The chairman of each section shall be its representative on the executive committee.

Digitized by Google

Sec. 3. The president of the visiting staff shall represent his section on the executive committee.

Sec. 4. The members of the executive committee shall be selected by a majority of the members of their sections and shall be approved by two-thirds majority of the staff.

Sec. 5. Meetings of the executive committee of the visiting staff may be called at any time by any two members of the conference committee and in any other manner decided on by the visiting staff.

ARTICLE V.—ASSIGNMENT OF PATIENTS.

Sec. 1. The following shall be the arrangement of divisions: (to be decided upon later).

Sec. 2. The beds shall be numbered and designated with the name of the visiting physician in charge.

Sec. 3. Patients belonging to the sections of surgery, gynecology, genito-urinary surgery, diseases of the eye, diseases of the ear, nose and throat, orthopedic surgery and dental surgery shall be assigned to the surgical wards.

Sec. 4. Patients belonging to the sections of medicine, diseases of the nervous system, diseases of children, and diseases of the skin shall be assigned to the medical wards.

Sec. 5. Internal transfers shall be made, except in cases of emergency, only on the written request of the visiting physician in charge of the case. If it is necessary to make such transfer, otherwise than by his request, the visiting physician shall be informed of the reason for the transfer. Ordinarily the case shall remain in the ward and service to which it was originally assigned until discharged or transferred at the request of the visiting physician in charge.

Sec. 6. Patients shall be assigned to the sections to which they naturally belong with especial reference to the following:

The Section of Genito-Urinary Surgery.—All surgical diseases of the genito-urinary tract up to the ureteral openings of the bladder, and also ureteral catheterization and medication, but the genito-urinary surgeons shall treat all kidney and ureteral lesions discovered in cases assigned to them.

The Section of Gynecology.—Obstetrics and all affections of the genital tract in women, and gonorrheal affections of the urethra and bladder in women.

The Section of Diseases of the Nervous System.—Psychopathic and acute alcoholic patients.

The Section of Diseases of the Ear, Nose and Throat.—Foreign bodies in the trachea, bronchi and esophagus not requiring external operations.

The Section of Orthopedic Surgery.—All congenital skeletal deformities (excepting cleft palate), chronic joint and spine lesions, lesions resulting from anterior poliomyelitis, spastic paralysis and static deformities, and cases requiring orthopedic apparatus.

The Section of Diseases of Children.—All medical diseases in patients under 14, exanthemata and diphtheria.

The Section of Dermatology.—All cutaneous diseases, and secondary syphilis.

The Section of Dental Surgery.—All cases of dentistry, and such cases of oral surgery as are referred by the visiting surgeons.

ARTICLE VI.—RESIDENT STAFF.

Sec. 1. The number of members of each resident staff shall be fixed by the Hospital board, and may be changed from time to time as the exigencies of the service may require.

Sec. 2. The hospital board may terminate the service of any member of any resident staff at any time, either because of any delinquency on the part of said member, or for the good of the service.

Sec. 3. The resident staff shall be chosen by competitive examination.

Sec. 4. Before entering upon their duties, each member of each resident staff shall subscribe to the following obligation: "This is to certify that I accept the position of———in the hospital department; that I have carefully read the rules and regulations of said hospital department, and that I will faithfully abide by them, and by any other rules and regulations properly authorized, during my term of service."

Sec. 5. The resident physician, resident assistant physicians, internes and such other medical officers as may be found necessary by the hospital board for the proper conduct of the institutions shall compose the resident staff of the institution to which they may be assigned. The members of the resident staff shall be legally qualified physicians or dentists.

Sec. 6. At the close of service of a year or more, if the same has been satisfactory to the hospital board, each member of the resident staff shall be awarded a diploma signed by the officers of the hospital board and by such members of the board and visiting staff as the hospital board may authorize.

Sec. 7. The scheme of rotation in service

Digitized by Google

for the members of the resident staff shall be arranged by the hospital commissioner; the rotations to be as infrequent as is compatible with the good of the service.

Sec. 8. No member of any resident staff shall perform any surgical operation or anesthetize any patient, except in the presence of the visiting physician in charge, without the specific consent of the resident physician.

Sec. 9. Members of the resident staff shall hold themselves available to protect patients from undue annoyance on the part of visitors, to answer such reasonable questions as may be put to them by relatives and friends of patients and to assist in the preservation of order and decorum in the institution. For all specific information as to question of operation or treatment, the interne shall refer the inquirer to the resident physician, resident assistant physician or visiting physician in charge and shall refrain from a technical discussion of the case.

Sec. 10. No member of the resident staff shall disclose to any outsider, or for the benefit of any outsider, any part of the record or history of any patient in the hospital department, past or present, or discuss any patient's case with any outsider; provided, however, that this clause shall not prevent any member of the resident staff from informing any relative or immediate friend concerning the state of the patient's health, the likelihood of recovery or death.

Sec. 11. Each member of the resident staff may be absent from the institution one afternoon and one evening each week, the afternoon hours to run from 1 to 6 o'clock and the evening hours from 6 to 12, specific afternoons and evenings to be fixed by the superintendent; provided, that no interne shall exercise the privilege of absence under this clause at any time when he has a dangerously sick patient under his care, without the consent of his resident assistant physician. Additional absences may be permitted by the superintendent at his discretion.

Before absenting himself each member shall sign "out" in the manner provided for that purpose in the institution, indicating plainly the precise time of leaving and the precise time he expects to return. Where possible the telephone number shall be given. Upon his return each member shall sign "in" with the precise time of his return, but he shall not erase any previously written data.

Sec. 12. All members of the resident staff shall assist in every way to preserve silence, order and decorum in the institution; they shall waer rubber heels, refrain from loud talking and laughing, and in their own quarters shall make no noise that will penetrate to other parts of the institution. They shall not smoke in the wards, corridors or dressing rooms.

Sec. 13. Members of all resident staffs shall observe the strictest decorum and the utmost courtesy towards nurses and all others in the service. They shall not render any medical or surgical service to any nurse except on request of the superintendent.

Sec. 14. Members of the resident staffs shall give their undivided time to the hospital department; they shall not practice their profession except for the hospital department, and shall not accept any fees or emolument of any kind for such service, other than the compensation provided by law, either directly or indirectly, and under no circumstances shall a member of any resident staff perform any professional service for any visiting physician outside of the hospital department, or remove any instrument or apparatus from the institutions.

Sec. 15. Members of the resident staffs shall keep in constant touch with the members of the visiting staff, take orders concerning the care of patients from them, communicate to them at once any untoward or unexpected development in any case and failing to find such visiting physician, report such development at once to the resident physician. Upon the death of a patient, the interne in charge of the service in which the death occurs, shall personally report such death, to the resident physician of the institution, and, as soon thereafter as possible, communicate the facts to the visiting physician in charge.

Sec. 16. No member of any resident staff shall discharge any patient, except on the order of the visiting physician in charge. Whenever he has received such order of discharge he shall make record of the same, with a specific statement as to the patient's condition at the time of discharge. The resident physician shall sign order for discharge only when the patient insists on leaving the institution and signs the release blank. Record shall be made accordingly.

Sec. 17. Ordinary laboratory examinations, except those for which provision is otherwise made, shall be performed by the members of the resident staff in the Snodgras Laboratory, under the supervision of the resident pathologist.

Sec. 18. Upon the request of any member of the visiting staff, material shall be sent

Digitized by Google

direct to the city bacteriologist for examination, with a form stating the patient's name, number, location and the nature of the examination desired.

ARTICLE VII.— RESIDENT ASSISTANT PHYSICIANS.

Sec. 1. The resident assistant physicians shall be assigned as follows: one in the receiving room, one as registrar, one in charge of the medical wards, and one in charge of the surgical wards, two in the operating-room service and one as resident pathologist.

Sec. 2. The resident assistant physician in the receiving room service shall have charge of the admission of patients, in accordance with instructions given by proper authority. He shall summon the members of the visiting staff on duty when necessary, and when on night duty at the City Hospital shall have general supervision of the patients in the institution. He shall have internes assigned to assist him.

Sec. 3. One resident assistant physician shall be assigned as registrar. He shall supervise the records and histories in each service and shall determine from the records that the internes and nurses have performed their duties by exact observance of all orders and by making a complete, accurate, neat and prompt record of each case in their charge. He shall see that the prescriptions are promptly filled and determine from the record that the medicines have been administered; that laboratory, operation and other reports are promptly and properly obtained and that all such data, with report of autopsy findings, are properly assembled, filed and indexed in the office of the institution. He shall report to the resident assistant physician in charge of the service, any neglect as shown by the records. He shall relieve the other resident assistant physicians and supervise the administration of anesthetics outside the operating-room when so directed by the resident physician. He shall have charge of list by which consultations and assignments are made in their respective services.

Sec. 4. Two resident assistant physicians shall be assigned to the operating-room service. One shall direct and be responsible for the administration of anesthetics, by an interne detailed to that duty by the resident physician, or when necessary administer it himself, and he shall dictate the anesthetic report.

The other resident assistant physician in the operating-room service shall supervise the care of patients in the operating room and see that all details preparatory to operation are promptly and efficiently carried out. He shall have charge of the eye and ear, nose and throat rooms and shall direct the internes on duty in these rooms. He shall be assisted by the interne in charge of the case and he shall dictate to the interne the operation record, including a minute description of such operation, giving the surgical technique employed and the gross pathology. He shall assist at all operations. He shall be under the orders and direction of the resident physician or visiting physician in charge of the case.

Resident assistant physicians in the operating-room service shall be relieved, when necessary, by the registrar, with the permission of the resident physician.

Sec. 5. A resident assistant physician shall be placed in charge of the surgical service and a resident assistant physician in charge of the medical service. The surgical service shall include the sections of surgery, gynecology, orthopedic surgery, diseases of the eye, diseases of the ear, nose and throat, genito-urinary surgery, dental surgery and radiography. The medical service shall include the sections of medicine, diseases of the nervous system, diseases of the skin, and diseases of children. The resident assistant physicians in charge of the medical and surgical services shall be responsible for the exact observance by the internes of all orders of all visiting men in their service. They shall supervise the work of the internes, consulting with them when necessary. They may perform such operations as the visiting physician in charge permits. Minor operations may be performed in the dressing rooms; major operations shall be performed only in the operating room and under the personal supervision of the visiting physician in charge. All anesthesias, outside of the operating room, shall be administered under the personal supervision of the resident assistant physician in charge, or, when he is otherwise engaged, under the personal supervision of another resident assistant physician designated by the resident physician.

Sec. 6. One of the resident assistant physicians of the City Hospital shall be known as the resident pathologist, and shall devote his entire time to laboratory work. He shall be required to secure, record and preserve pathological material from the ward and operating rooms of the City Hospital subject to the orders of the city bacteriologist and the visiting staff. He shall supervise the work done by the internes in the laboratories, and shall see that examinations are made and reported promptly. He

Digitized by Google

shall not be permitted to relieve other resident assistant physicians of their responsibility in the care of patients; neither shall he be permitted to assume their duties during the absence of any one of them.

ARTICLE VIII.—INTERNES.

Sec. 1. Internes shall be under the immeate direction of the resident assistant physician in the particular service in which they are engaged.

Sec. 2. They shall take and record minutely and carefully, the history of each patient as soon after his admission to the institution as possible, but in any case, within twelve hours after admission.

Sec. 3. They shall personally obtain, at the earliest possible moment, all data, including a urinalysis, physical examination and necessary laboratory findings for the information of the member of the visiting staff in charge.

Sec. 4. They shall make daily additions to the history of each case, recording their own observations and any new developments as may be indicated by the member of the visiting staff in charge.

Sec. 5. They shall accompany, on every visit, the visiting physician to whom they are assigned, and shall record and carry out such orders as may be given to them.

Sec. 6. They shall make record when permission for operation has been obtained from patient or proper authority.

Sec. 7. They shall notify their chief when an autopsy from his service is to be performed.

Sec. 8. They shall procure reports from the coroner's autopsy performed in their service.

Sec. 9. They shall, on the order of their visiting chief, obtain such X-ray plates, microscopic slides, and other specimens as are required for the use of the visiting chief, and they shall be responsible for the safe return of such objects to their proper depository.

Sec. 10. The hospital commissioner, shall apportion the work of the internes, and shall assign one interne to each visiting physician on duty, and shall arrange the work of the internes so that each will be free to meet his visiting chief at each regular and special visit.

Sec. 11. The superintendent shall so arrange that each interne shall be notified of any change in the time of the regular visit of his visiting chief, and also of any special visit that his visiting chief may signify his intention of making.

Sec. 12. One interne may be assigned to the service of more than one visiting chief, provided, first, that the duties of the two services to which he is assigned, do not conflict, and, second, that the two visiting physicians to whose service he is assigned, have chosen regular visiting hours that do not conflict.

ARTICLES IX.—AUTOPSIES.

Sec. 1. Post-mortem examinations shall, when possible, be held in the forenoon unless otherwise requested by a member of the visiting staff. On Sundays the city bacteriologist shall be notified by 9 o'clock a.m. of the permission to hold a post-mortem examination at the City Hospital, but no autopsies shall be held on Sunday, if avoidable.

Sec. 2. When any post-mortem examination is to be held, it shall be the duty of the interne in charge of the patient at the time of death, to bring to the autopsy room of the institution the clinical record of the case and read all or any part of the same, at the discretion of the one performing the autopsy. He shall be responsible for the preservation of the clinical record and shall be required to return the same to the office of the institution, immediately after completion of the autopsy.

Sec. 3. No post-mortem examination shall be held in the hospital department except upon written consent of the resident physician, in accordance with the laws and ordinances, and in any case when any such post-mortem is performed, such written consent of the resident physician and the post-mortem findings in the case shall become a part of the record of such case, and shall be filed with such record, in the office of the hospital within twenty-four hours, by the member of the resident staff in charge of the case.

The Governors of the New York Skin and Cancer Hospital announce the following course of lectures in the Out-Patient Hall of the Hospital, 2d Ave and 19th street, on the following Wednesday afternoons, at 4:15 o'clock: March 1, Dr. Bulkley, Eczema; March 8, Dr. Bulkley, Eczema; March 15, Dr. Bulkley, Acne; March 22, Dr. Bulkley, Acne; March 29, Dr. Bulkley, Psoriasis; April 5, Dr. Bulkley, Syphilis; April 12, Dr. Bulkley, Syphilis; April 19, Dr. Bainbridge, Cancer; April 26, Dr. Bainbridge, Cancer. The lectures will be abundantly illustrated by means of cases, models, colored plates, etc., and will aim at presenting the subjects in a practical and instructive manner. The course will be free to the medical profession, on the presentation of their professional cards.

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Pulsating bone swellings are almost invariably sarcomata.—Amer. Jour. of Surg.

Diagnoses of certain malaria in patients resisting quinine more than three days are almost invariably wrong.

In suppuration of the middle ear, peroxide of hydrogen proves a valuable factor in removing the odor and cleansing the part.

If a patient with acute gonorrhea be kept in bed on a restricted diet, the saving of time in the cure will amply repay him for the confinement.

No operation for hemorrhoids should be done without a thorough examination of the heart and abdomen to discover etiologic obstructive conditions.

Myocarditis is a diagnosis that should never be made.

In Memory of Robert Koch.—S. Adolphus Knopf, New York, presented a portrait of Robert Koch to the Academy of Medicine, and gave a short sketch of the valuable discoveries made by the great bacteriologist in his study of tuberculosis and other diseases. He told of Koch's interest in the sociological aspect of the fight against tuberculosis. Koch believed in public education and was gratified by the advance made in this line in America.—Medical Record, January 21, 1911.

Home of the American Medical Association.—The American Medical Association is constructing a new building, which is necessitated by the increased work and business of the Association. The first of a series of illustrated articles describing its efforts to establish a permanent home is printed in The Journal A. M. A., Oct. 8, 1910. Prior to the establishment of The Journal in 1883, the Association had no permanent headquarters. The first number of The Journal was published July 14, 1883, from the offices of Dr. N. S. Davis, the first editor, at 5 Randolph street, and the editorial offices remained there until November 24, 1888, when they were removed to 68 Wabash Avenue. September 1, 1894, the office was again removed to 86 Fifth Avenue, and May 1, 1895, to 61 Market street, each removal being necessary on account of increased business and circulation, the latter having reached 80,000 copies weekly. In 1902 the circulation had increased to 25,000, and the lease having almost expired and more room being needed, the trustees obtained authority from the Association and lots were purchased at the northeast corner of Dearborn Avenue and Indiana street, and two of the five houses on the lots were torn down and a three-story brick building with stone trimmings, 40 x 80, erected thereon, and fully equipped, and the Association offices removed to that building in December of that year. A lot containing two additional houses fronting on Indiana street and adjoining that already owned was purchased in June, 1903, and in the meantime the circulation having still increased in 1905 the building was enlarged by adding another story and extending it back 40 feet, making the building 40 x 120 and four stories in height. This is the size of the building at present occupied. In 1908 the circulation of The Journal had increased to over 55,000 copies weekly, and the collateral printing and publishing business had grown correspondingly, and with

Digitized by Google

the creation of the Directory Department, the Council on Medical Education and the Council on Pharmacy and Chemistry and its chemical laboratory in the meantime, had compelled the occupation of an adjoining house on the south for offices and a mailing department. But with the enormous strides of the business there was still not room enough, and the trustees made preparations to provide more room by a new six-story, fireproof building, which is now being completed.

Chemical Problems in Diabetes.—Adolf Magnus-Levy, Berlin, Germany (Med. Rec., Nov. 26, 1910) continues his consideration of the chemical problems to be met with in the understanding of diabetes. The diabetic patient has as good metabolism of proteids as the normal man; the loss of weight is due to the impossibility of taking sufficient food for the conservation of equilibrium. Therapeutics at present tends to lessen the intake of proteids as well as carbohydrates. There are a few peculiarities in the decomposition of the protein molceule; the amount of urea is 80 to 90 per cent of the total nitrogen. The chemical decomposition of fat is quite undisturbed. Lipemia reaches its highest degree in diabetes, as high as 30 per cent of fat being found in the blood serum. Lipemia means wandering fat; it occurs normally after eating fats, the normal amount being ½ per cent in the blood. This function is much disturbed in diabetes. The oxidative power for fat is not deficient. The lipoids, cholesterin, and lecithin form a large part of this fat in diabetes. The author thinks that they come from the foods, and that at first only the exit of fat from the blood is disturbed. Only a retention of the true fats would take place, it origin being in the stores of the body. Oxybutric acid yields acetoacetic acid; this is transformed to acetone in the urine after elimination, acetone not not being excreted as such by the kidneys. Exhaled acetone is split off by the cells of the lungs. Oxybutric acid is derived from fats and certain amino acids, not from alcohol or carbohydrates. Acetone appears in the urine and expired air only when carbohydrates are lacking in the foods or are not normally utilized. The predominant cause of acidosis is the non-utilization of sugars. Acetone bodies are normally present in the urine of healthy people in small quantity. Antoketonuric bodies diminish the output of acetone in the body. The author thinks that oxybutric acid is formed to the same amount in healthy as in diabetic subjects when living on meat and fats. He calls oxybutric acid an obligatory product of intermediate metabolism of fatty acids. Leucin, tryosin, and phenylalanin are producers of acetone bodies, and valin, glutaminic acid, alanin, and aspartic acid are not. In a normal state every atom of oxybutric acid is at once broken down and accumulation never takes place. This occurs only when the destruction is deficient. It depends on deficient oxidation. The less fat is burnt in the body the less acetone is formed. Each gram of carbohydrate or alcohol replacing fat and removing it from combustion will lessen formation of acetone. Carbohydrates also aid in the destruction of acetone bodies. Utilization or non-utilization of sugar plays the important part in the combustion of acetone bodies. Alkalies increase elimination of acetone bodies by neutralizing the acids circulating in the blood. Butyric acid is the strongest and most rapid producer of acetone bodies. Stearic acid will be transformed slowly. The author does not believe that overfeeding with fats causes acetone formation. Alcohol prevents formation of acetone in healthy and diabetic subjects. It is not convertible into sugar, hence it is valuable on account of its energy content.

THE MICROBES' SERENADE.

(Read by George Ade, at the New Theater, New York, on December 21, 1910.)

A lovelorn microbe met by chance,
At a swager bacteroidal dance,
A proud bacillian belle, and she
Was first of the animalculae,
Of organism saccharine,
She was the protoplasmic queen,
The microscopical pride and pet
Of the biological smartest set,
And so this infinitesimal swain
Evolved a pleading low refrain:

"Oh, lovely metamorphic germ,
What futile scientific term
Can well describe your many charms?
Come to these embryonic arms,
Then hie away to my cellular home,
And be my little diatom!"
His epithelium burned with love,
He swore by molecules above
She'd be his own gregarious mate,
Or else he would disintegrate.

This amorous mite of a parasite
Pursued the germ both day and night
And 'neath her window often played
This Darwin-Huxley serenade—
He'd warble to her every day
This rhizopodical roundelay:
"Oh, most primordial type of spore,
I never met your like before,
And though a microbe has no heart,
From you, sweet germ, I'll never part.
We'll sit beneath some fungus growth
Till dissolution claims us both."

Digitized by Google

Medical Society of the Missouri Valley

Twenty-third Semi-Annual Meeting at

ST. JOSEPH, MARCH 16, 17, 18, 1911

The twenty-third semi-annual meeting of this society will be held in St. Joseph, March 16 and 17, under the presidency of Dr. Donald Macrae of Council Bluffs, and from the present indications will surpass in scientific interest, any meeting of the society ever held.

The Oration in Surgery will be given by Dr. Chas. H. Mayo, and the Oration in Medicine by Dr. Heinrich Stern of New York City. The mention of these names is sufficient to insure something that will be of interest to every medical man who desires to keep posted in his profession.

ENTERTAINMENT.

The local arrangements are in the hands of a committee appointed by the St. Joseph-Buchanan-Andrew County Medical Society, Dr. C. R. Woodson, chairman. Preparations are well under way for the entertainment of our guests and members are especially urged to bring their ladies, as particular arrangements are being made for their entertainment—an auto ride; a musical banquet at the Robidoux on Thursday evening, and a dinner at Dr. Woodson's Sanitarium on Friday night, are a few of the features outlined for the occasion.

A series of clinics in the hospitals is being arranged for Saturday, March 18. All members are urged to make arrangements to remain over to attend these clinics, as they will be an interesting feature of the entertainment.

PRELIMINARY PROGRAM.

Dr. Daniel N. Eisendrath (by invitation), "Obscure Fever of Renal Origin."

Dr. R. C. Dorr (by invitation), "An Unusual Case of Thyroid, or Parathyroid."

Dr. Jno. T. Moore (by invitation), "Relation of the State Medical Association to the Higher Education."

Dr. Granville N. Ryan, "A Preliminary Report of Cases of Tuberculosis, Treated with Spengler's Tuberculosis Immune Blood."

Dr. H. E. Pearse (by invitation), "The Difficulties Encountered in Late Operations for Intestinal Obstruction."

Dr. S. Grover Burnett, "A Case of Acute Delirium Following Chloroform Habit, with Remarks."

Dr. L. A. Merriam, "Eczema—The Most Important Cause in its Production; the Essential Factor in its Treatment and Cure."

Dr. F. E. Walker, "After Effects of the Surgical Menopause."

Dr. E. H. Skinner, "Fractures of the Fibula; x-ray Observations."

Dr. Alfred Schalek, "The Present Status of Salvarsan (606)."

Dr. R. D. Mason, "The Roentgen Ray in Postoperative Cases."

Dr. T. M. Paul, "Should Venereal Infections be Classed and Reported as Contagious Diseases?"

Dr. J. M. Bell, "Colica Mucosa."

Dr. Jno. Young Brown, subject not announced.

Dr. Hanau W. Loeb, subject not announced.

Dr. L. J. Dandurant, "Extreme Edema of the Cecum and Ascending Colon."

Dr. R. B. H. Gradwohl, "Autogenous Vaccines in Genito-Urinary Practice."

Headquarters and meeting-place Hotel Robidoux. Reserve your rooms at once to avoid disappointment.

The profession of nearby states cordially invited.

Chas. Wood Fassett, Secretary.

Lincoln's Birthday.

John Kendrick Bangs.

A sacred day is this—
A day to bless;
A day that leads to bliss
Through bitterness.
For on this day of days,
One wondrous morn,
In far-off forest ways
Was Lincoln born!

Who supped the cup of tears,
Who ate the bread
Of sorrow and of fears,
Of war and dread;
Yet from this feast of woes,
His people's pride,
A loved immortal rose
All glorified!

—Lippincott's

Digitized by Google

MEDICAL MEMORANDA

While Carabana has not become as generally known to the medical profession of the United States as some other European spas, it has been the subject of considerable investigation by the academies of medicine of Madrid and of Paris, and has had the stamp of approval of both academies. In fact, Benavides of the Madrid Academy, goes so far as to declare Carabana "superior to any other mineral water known," on account of the fact that it is "invaluable in cases of intestinal and hepatic affections and dyspepsia, is perfectly tolerated by the stomach, and is never the cause of intestinal irritation."—Interstate Medical Journal.

A Therapeutic Mainstay.—The distinct and definite therapeutic value of iron, in anemic and chlorotic conditions and as a general tonic in systematic devitalization from whatever cause, is one of the certainties of medicine that modern scepticism and therapeutic nihilism cannot deny or controvert. The only difference of opinion is as to the best method of administering this metal and as to the most generally eligible preparation of same. Modern pharmaceutical skill has replaced the tincture of the olden times, prepared from iron filings, with the non-irritant and thoroughly tolerable combination with organic substances. None of these products have proved as generally acceptable, promptly assimilable or therapeutically efficient as pepto-mangan (Gude), the first and best preparation of the peptonates of iron and manganese in organoplastic form. Its remedial value is unquestioned and unquestionable. It is suitable for administration to patients of all ages. It is thoroughly palatable and acceptable. It does not irritate the gastric mucous membrane or disturb the digestion. It does not induce constipation. Pepto-Mangan (Gude) rapidly restores oxygenating power to the circulating fluid and fulfils every possible therapeutic indication that can reasonably be expected of it.

Glyco-Heroin (Smith). The exceedingly favorable and long continued sentiment on the part of the medical profession toward Glyco-heroin (Smith) is unassailable proof of its therapeutic excellence. Glyco-heroin is decidedly preferable to preparations containing codeine or morphine, by reason of the fact that it does not produce narcotism, constipation, gastric disturbance nor habituation, even though its administration be protracted. The befitting manner in which its heroin content is combined with henbane, ammonia hypophospsite, balsam tolu and white pine bark renders Glyco-heroin unsurpassingly efficacious in many diseases of the air-passages, notably those attended with cough. In acute and chronic inflammatory affections of the respiratory system—especially those characterized by cough, Glyco-heroin is vastly superior to other agents of its class, in that its anodyne and antispasmodic influence is more pronounced and its action always more prompt and uniform. Every possible precaution is taken to restrict the employment of Glyco-heroin to ethical channels exclusively. The superiority of Glyco-heroin over other agents of its class in inflammatory affections of the respiratory system, is due in great measure to the fact that in the course of their elimination through the air-passages its constituents exert a local antiseptic, emollient and sedative influence on the involved areas. Furthermore, Glyco-heroin (Smith) does not, as do preparations containing codeine, depress respiration nor diminish bronchial or pulmonary secretions; on the contrary, it stimulates respiration and increases the secretory activity of the mucous surface.

The Importance of Keeping the Nasal Cavities Clean and Aseptic in Chronic Nasal Catarrh. (By John North, M. D., Toledo, Ohio, Professor Toledo Medcal College, Toledo, Ohio.) It is not my intention to take up the general or local treatment of chronic nasal catarrh, but I do wish to call your attention to the importance of a thorough cleansing of the nasal passages. In all forms of chronic nasal catarrh there is an accumulation of septic secretions, or they soon become septic. The cavities become filthy. Before anything can be done for these cases the nasal cavities must be made clean. Simple alkaline solutions dissolve the mucus and soften the epithelial layer of mucous membrane and the writer finds in glyco-thymoline a combination that seems to accomplish all that is required. It is non-irritating, soothing, alkaline enough to dissolve and remove mucus and other secretions, thoroughly antiseptic, preventing decomposition of secretions, acts upon the vaso-motor system, emptying the blood vessels. In a great many cases of chronic nasal catarrh if a twenty-five per cent solution of glyco-thymoline is used daily or several times a day, accumulated secretions will be softened and removed, the membrane made clean and kept clean. It also is sufficiently antiseptic to produce asepsis of the parts, which will be kept healthy by the daily use of glyco-thymoline in the toilet of the nose. Pure water used alone for this purpose is irritating.

The clinical report of a couple of cases may be interesting and not without value:

Case I. Mrs. C., each winter has attacks of nasal catarrh, a thin watery discharge from both nostrils. There seems to be but little mucus or solid matter connected with it. The ordinary astringent application only gave ordinary relief. After using a 25 per cent solution of glyco-thymoline the trouble entirely disappeared. If it returned it was soon relieved by local applications of glyco-thymoline.

Case II. Miss L. had been troubled with atrophic catarrh for a number of years. The nasal cavities would fill with large crusts which became very offensive. Ordinary treatment only gave relief as long as it was kept up. After continuous use of 25 per cent solutions of glyco-thymoline with 1 per cent of resorcine the cavities were kept clean and the membrane restored to a more normal condition so that the crusts did not form and now only occasional use gives entire relief.

Digitized by Google

Each return of the season in which these affections prevail witnesses an increased reliance on the part of physicians on

GLYCO-HEROIN (Smith)

IN

Asthma
Bronchitis
Cough
Phthisis
Pneumonia
Etc.

Glyco-Heroin (Smith) has always been distinguished for the exceptional promptness with which it relieves respiratory distress, promotes expectoration and allays inflammation of the bronchial and pulmonary passages.

DOSE—The adult dose of **GLYCO HEROIN (Smith)** *is one teaspoonful repeated every two hours or at longer intervals as the case may require. Children of ten or more years, from a quarter to a half teaspoonful. Children of three years or more, five to ten drops.*

MARTIN H. SMITH COMPANY
New York - - - - U. S. A.

Digitized by Google

Those Coughs That Hang On.—Few conditions prove such a source of worry and annoyance to patient and physician during the cold months as those obstinate coughs of bronchial origin. Not only is the cough a great bother, but if not checked it is not unusual for a graver state—such as pulmonary tuberculosis—to follow. For the relief of "those coughs that hang on," cord. ext. ol. morrhuae comp. (Hagee) is a favorite remedy with thousands of practitioners. It takes the edge off the cough, soothes the irritated mucous membrane and so builds up general health as to increase markedly the bodily resistance to other and more serious diseases. Cord. ext. ol. morrhuae comp. (Hagee) is a potent yet palatable cod liver oil preparation.

Seng. "A therapeutic study of Seng indicates that it acts in a two-fold manner—first, by directly stimulating the glands of the stomach and intestines; and secondly, by imparting tonicity to the muscular coat of these structures. As a result of its administration the gastro-intestinal secretions are promptly augmented, and the mechanical functions generally described under the loose term, peristalsis, are re-established and reinforced. The digestion of food is substantially increased and fermentative processes due to lack of digestive fluids and general stagnation are promptly overcome. With a decrease of fermentation, the gastric irritation, pain, gas formation and consequent distension are rapidly controlled."

Elixirs de Luxe.—Parke, Davis & Co. announce some important improvements in their line of medicinal elixirs, a line numbering more than 125 preparations and highly esteemed by physicians on the score of therapeutic excellence. The improvements cited are in manufacturing processes, in the interest of palatability, permanence and physical appearance. They are set forth at some length in the current issue of Modern Pharmacy, from which these interesting extracts are taken:

"Three or four years ago, in the gradnal development of our scientific staff, we secured the services of Professor Wilbur L. Scoville, a pharmacist well known to the country and a man pre-eminent in the field of what has been termed pharmaceutical elegance. Professor Scoville may well be considered an artist in questions concerning odor, flavor and appearance of galenicals. The first task assigned to Professor Scoville was to go systematically and patiently through our entire line of elixirs—regardless of what other workers had done before him, and regardless of what changes were under consideration at the time. He was given carte blanche to go ahead and suggest any modifications and improvements which seemed to him necessary.

"Professor Scoville at once began an exhaustive series of experiments which took him nearly three years to complete. He went over the entire line, improving here the flavor, there the color, elsewhere the odor, and in other instances the permanence of our products. How well he succeeded may be seen by comparing any one of our elixirs with others on the market. It is our honest opinion that there is no other line of elixirs in the United States today possessing an equal degree of therapeutic efficiency which will stand up on the druggist's shelves and retain their physical properties and clearness as long as Parke, Davis & Co.'s. . .

"During this three years of work we have made hundreds of experimental lots which have been kept under observation for a period of from six to eighteen months. The experiments have included such things as increasing and decreasing the percentage of alcohol, noting the effects of different solvents upon the stability of the elixirs, the increase and decrease in the proportion of the sugar present, and the effects of acids. We have studied the effect upon permanence of the elixirs of using fluid extracts or percolating the mixed drugs direct. The matter of aging and also the use of refining agents such as egg albumen and similar proteid matters have been tested out. The essential oils and perfumes employed have been subjected to careful criticism; many of these have been changed with the idea of getting a better blend or a more agreeable flavor.

"We might sum it up by saying that we have attemqted first to make our line more stable; secondly, to improve the physical properties which appeal to the eye; and thirdly, to improve the flaoors which appeal to the palate. But we want it understood that in making these improvements we have not in a single instance sacrificed the medicinal activity of the preparation."

The Vanishing Islands of the Orkneys.

There is one charm yet to be tried in the Orkneys—the charm of the vanishing island. By this charm was Eynhallow, the holy island, retrieved from the waters.

"Eynhallow frank, Eynhallow free,
Eynhallow stands in the middle of the sea,
With a roaring roost on every side,
Eynhallow stands in the middle of the tide."

Once this island was enchanted by the finnmen, and only to be seen at rare intervals. It became known in Ronsay that if any man, seeing the island, should hold steel in his hand, and taking boat, go out through the shouting tides, never looking at anything but the island, and not letting go the steel till he leaped on the shore, then that man would break the spell and win the island from the sea-folk for his own people. After many brave hearts had gone down in the roosts to the sea fairies, one came at last who won Eynhallow and left it standing in the middle of the tide.

Another vanishing island, Heather-Bleater, awaits such a man. No one will confess that he has seen it, but some old people who live by the roost have spoken to those who say they saw it rising green out of the rainbow waters. Yet such a man will scarcely come to the pleasant, contented Orkneys. Their days of shadow and disappointment would seem to have departed—and perhaps also their days of vision. The islands have been pagan-Celtic and Christian-Celtic, and Norse-pagan and Norse-Christian; earl ridden, Scotch ridden and poverty ridden. Now that they have fallen in the ways of peace and plenty, they are content to rest on the fertile bosom of their homely earth.—Maude Radford Warren, in Harper's Magazine.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, SATURDAY, FEBRUARY 25, 1911. No. 4

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M: D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

SOME CLINICAL ASPECTS OF UROGENITAL TUBERCULOSIS.*

LEWIS WINE BREMERMAN, A. M., M. D.

CHICAGO.

Professor Urology, Medical Department Loyola University: Professor Urology, Practitioners' College.

The specialist and surgeon must depend upon the general practitioner for an early diagnosis, and early diagnosis is the keynote of successful treatment of urogenital tuberculosis. Frequently when the patient comes under the observation of the specialist it is usually too late to promise any permanent result from treatment. After the symptoms have become so prominent as to call the attention of the patient to his urinary tract the disease has progressed to such an extent that many times surgical interference is contraindicated and medical treatment will be productive of little benefit.

I have instructed my own patients to consult me at least twice a year for the purpose of a thorough physical examination. This also includes a careful chemical and microscopical examination of the urine. I have little trouble in controlling my patients when I show them the logic of such an examination. They realize that many diseases may be recognized early and successfully treated, whereas if allowed to develop until they produce marked symptoms the treatment may not be successful or is more protracted. Very few patients will fail to follow your advice, particularly when you point out to them the economic feature in such a routine practice.

I appeal to you, gentlemen, to carry out this idea in your own work, for if no other conditions are considered besides tuberculosis of the urogenital tract, the fact that an early diagnosis of this condition is possible, great good may be accomplished in controlling the disease, thus benefiting the patient and placing the medical profession upon a higher scientific plane.

Urogenital tuberculosis is a disease of young adult life and is much more common than is ordinarily supposed because the condition goes unrecognized many times. I will not take up the time of the society in quoting statistics but will say that in my own work the disease occurs more frequently in the male than in the female. This may be due to the fact that my practice is mostly among males, in the proportion of about six to one, yet when we consider the difference in anatomical structures existing between the sexes, it is evident that the male is more prone to the disease than the female, the genital and urinary organs being so much more closely connected than in the female. In the female the kidneys and bladder are about the only organs that show tuberculosis with any great amount of frequency, whereas in the male the testes, epididymes, seminal vesicles, prostate, bladder and kidneys may become involved.

From observation of my own cases, and from a very careful study of the voluminous amount of literature upon the subject, the verdict is reached that tuberculosis of the genito-urinary tract is secondary to tuberculosis elsewhere in the body, although the exact locality may not be definitely recognized, and with this idea of secondary infection in mind, when the terms primary and secondary are used in my discussion, I employ them in relation to the urogenital tract.

The bladder is never affected primarily, the disease appears secondarily to infections from above or from below. It may be readily seen that a renal tuberculosis pouring its infected urine down the ureter and into the bladder will produce infection of that viscus sooner or later. The infection

*Read before the St. Louis Medical Society, January 28, 1911.

Digitized by Google

depends upon the condition of the patient and the condition of the mucosa, likewise the bladder, becomes infected from the lower genital tract from extension of the disease from the testes, epididymes, vesicles or prostate. I am thoroughly convinced that an ascension of the infection from the bladder to the kidney, via the ureter, is practically impossible, as the infection must travel against the course of the normal flow of urine, and no one has ever proven that the ureter is capable of reverse peristalsis.

I might say here, however, that catheterization of the ureter through a tubercular bladder is an exceedingly dangerous procedure except in the hand of the expert. No instrument ever devised has been so greatly abused as the cystoscope, it is difficult to use with skill in the ordinary case and much more so in tuberculosis, particularly when the bladder has become involved. Hardly a week goes by that I do not receive a communication from physicians asking me to give them a private course in cystoscopy and ureteral catheterization. They ask my terms and inform me that they can spend only a week or ten days under my instruction. Any one of you who are expert in genito-urinary instrumentation know the months and years of hard, persistent work that is necessary, the thousands of bladders that must be examined before one can become perfectly sure of himself in using a cystoscope.

It would not surprise me in this age of progress to see some post-graduate school offer a correspondence course in the various specialties.

I believe that numerous kidneys have been infected through carelessness and poor technique. Even in the hands of the expert, undue care must be taken. Unless the ureters and kidney pelvis be thoroughly lavaged before the catheters are removed there is danger of infection, particularly if any traumatism has been done during the manipulation. No technique is near perfection unless that procedure be attended to.

Dr. Mark will talk to you concerning the advantages of the cystoscope in the question of diagnosis.

Renal tuberculosis is primary and usually unilateral in the beginning, hence the necessity for early diagnosis, for in no condition is early diagnosis more important for extirpation of a tubercular kidney, where the other organ is not infected and is proved to be functionating normally, to my way of thinking and from observation from the literature, and from cases under my direct supervision, is the only rational form of treatment. The condition may not be recognized until the patient presents himself with characteristic cardinal symptoms, so familiar to you all, painful, frequent urination with or without hematuria. The microscopic examination of the urine will show besides epithelium, pus, blood and tubercle bacilli. I feel that if tubercle bacilli cannot be found in the presence of a tuberculosis that it is due entirely to an inadequate examination. A large amount of the urine should be centrifuged and numerous slides made from the sediment thus obtained. I feel that one of the first symptoms that manifests itself is frequency of urination and an increase in the 24-hour quantity. This may show itself as only a nocturnal micturition or two, but it becomes necessary to measure the urine accurately to ascertain its increase in quantity.

As I pointed out in the beginning of my paper the question of frequent physical examination of our patients, even though they are not sick, is of paramount importance, for if you elicited the fact that the patient is rising once or twice at night to void urine, a condition which has not been habitual, should cause you to suspect some renal irritation, which upon careful examination may prove to be tuberculous, and if an accurate diagnosis can be made then treatment will, at least, prove of maximum benefit. Careful and frequent physical examination of the patient will also prove of importance in tuberculous infection of the testes, epididymes, vesicles and prostate, for the general practitioner may find beginning nodules in these organs which may be the onset of the disease, thus the patient may benefit.

Early extirpation will prove the best treatment, particularly when the condition is absolutely localized.

Copious hematuria extending over a long period may mean tuberculosis, usually of the kidney. An exceedingly interesting case, referred to me by Dr. MacKechnie, Chicago, was one of this type. This patient, male, 33 years of age, was always well until two years prior to the time I saw him. At that time he had a marked copious hematuria lasting for several weeks. Numerous remedies were of no avail, the hemorrhage continuing. The patient lost faith in his physician and was referred to the Chinese doctor who prescribed a decoction with a horrible taste and odor. In a very short time the bleeding stopped and the patient never had any more trouble until three weeks prior to my seeing him, when the bleeding had started again. He was brought to me and a cystoscopic exam-

Digitized by Google

ination showed the bleeding to be from the right kidney. Catheterization of the ureters was performed and a sample taken from both sides, several functional tests were tried out and the other kidney was shown to be of normal functional capacity, this step was employed so as to be prepared if it was found necessary to remove the diseased organ.

The urine had been thoroughly analyzed by one of our laboratories and tubercle bacilli were not reported. Unfortunately I took this as final and made no microscopic analysis myself, however, the kidney urine, I mean that collected by ureteral catheter from the diseased organ, was again sent to the laboratory with instructions to try guinea pig inoculation.

I might say that while the catheter was in place I endeavored to stop the bleeding from the kidney by several methods, as injection of hot boric acid, adrenalin solution, hot silver nitrate, etc., but these all failed. The patient was instructed to try some more of the Chinese medicine, which he did but without success. After seeing about half a dozen physicians and surgeons he finally came back to us for operation, which we had suggested at his first visit.

After examination again I told the patient I could promise nothing, for his hemoglobin was down to 35 per cent, he was told that he probably would lose the kidney. The kidney was removed and examination showed tuberculosis, one week later the laboratory report showed positive reaction in the guinea pig. The patient made a very slow recovery. For several days after the operation we despaired of saving him at all. He is now in the South and following carefully outlined hygienic measures, and I believe will finally become perfectly well. I am fully convinced that if proper care and sufficient time had been used in examining the urine when I first saw the patient that tubercle bacilli would have been found, that patient would then have consented to the operation, and have been saved the extra three weeks' bleeding from the kidney which made the operative procedure exceedingly dangerous.

I have under my care at present a patient suffering from a bladder tuberculosis, following an involvement of the testes, vesicles and prostate. This patient went for several years with a suppuration sinus of the right testicle and only when there appeared a marked involvement of the vas on the same side and a painful swelling in the left testicle was radical treatment suggested. The right testicle was removed, the left thoroughly curetted. The patient made an uninterrupted recovery and was well for a period of four years when he contracted specific urethritis two years ago. Ever since this infection the patient has had urethral irritability. Three weeks prior to my seeing him he began to have violent pain on urination with much pus and blood in the urine. Upon cystoscopic examination I found a beginning tuberculosis of the bladder. Rectal examination showed involvement of the vesicle of the right side and prostate. The general condition of the patient is excellent and there is no evidence of tuberculosis elsewhere, the testicular condition dating back twenty years when the patient injured that testicle. Early diagnosis and radical treatment could, without a doubt, have prevented the present trouble.

Another exceedingly interesting case that I have under my observation is that of a negro who shows all the typical symptoms of tuberculosis of the epididymis of the left side with nodules felt distinctly along the cord. I first saw the patient a month ago and he was told the seriousness of his condition and that possible enucleation of the testicle was indicated, he refused all surgical interference. At present the condition has extended to the testes on that side and has become attached to the scrotum. There is distinct fluctuation. The patient still refuses treatment. Without doubt the abscess will rupture spontaneously and there will be a sinus down to the infected area. I am curious to know just how this case will terminate, as the patient absolutely refuses all surgery. The interesting feature to be ascertained will be the duration of time that will elapse before the seminal vesicle, prostate and finally the bladder will become involved. Just as soon as the patient suffers much pain then probably he will be anxious to have some radical treatment.

I am very anxious to emphasize the importance of early diagnosis in these cases, for when the bladder becomes infected the involvement is extensive for the reason that various investigators have proven that the bladder mucosa will withstand for a long time the attack of tubercle bacilli. After the bladder becomes infected then the picture is much more distinct; the group of symptoms associated themselves to the urinary functions. There will be a persistent frequency of urination, usually both diurnally and nocturnally. There will be most always a severe burning pain both on starting the stream and during the act, which is usually greatly exaggerated as the last few drops of urine are squeezed

Digitized by Google

out. There will be in the majority of cases a hematuria, this blood in the urine may be of such a minute quantity that there is no evidence of it macroscopically, yet numerous cells may be found in each field of the microscopic picture. Blood in the urine, no matter how small an amount, is absolutely pathognomonic of some pathologic lesion, the source of which depends upon other findings.

Another very striking feature in vesicle tuberculosis is the fact that the bladder will retain only small quantities of fluid, due both to a contracted condition of the viscus as well as a marked irritability of the mucosa itself, expelling the fluid upon very slight distension of the organ. Although the symptoms which I have shown are typically prominent in vesicle tuberculosis yet they may associate themselves to other conditions and the diagnosis must depend upon a cystoscopic examination and of finding the tubercle bacilli in the urine.

It must not be forgotten that the smegma bacilli react to the various stains in a similar manner to the tubercle bacilli and care must be taken that no error is made. This may best be overcome by obtaining a specimen through a sterile catheter after the glans or labia, as the case may be, are thoroughly sterilized.

Many times there are associated with tubercle infection that of other specific organisms. I have found gonococci infection, colon infection, which is quite common, staphylococci and streptococci complicating the tubercular infection. Cultures will readily show these. I will report a case of mixed colon and tubercular infection under treatment, which may prove of interest.

Under diagnosis it may be well to mention the tuberculin test, I do so only to condemn it. I cannot conceive how it may be used with any degree of certainty, it may also be very misleading and do great harm. You are fully aware that the test may prove positive if there is a tubercular lesion in any portion of the organism and it is the consensus of opinion that there is great danger following the use of tuberculin for diagnostic purpose of lighting up a possible patent renal tuberculosis. To check up one's tentative diagnosis guinea pig inoculation is of great value. The only objection to its use is the duration of time it takes to obtain the final positive or negative report. The treatment depends entirely upon the fact of early diagnosis. If the tubercular focus can be accurately isolated then complete extirpation of the organ is indicated.

If the kidney is involved primarily and is unilateral then nephrectomy of the diseased organ is indicated provided the adjacent organ has a normal functional capacity. Many times even where the bladder is secondarily involved from a kidney, upon extirpation of the kidney the bladder usually clears up spontaneously, frequently before the patient leaves the hospital. I hold the opinion that it is not necessary to remove the ureter in cases of unilateral renal tuberculosis where the ureter and bladder are involved. My opinions are based upon the fact that the bladder always as a rule soon becomes free from the infection, why not the ureter as well. The ureters, from my own experiences, tolerates the passage of infected urine for a long time and readily and rapidly clear up when the original infection is eradicated.

I have studied carefully the stump of the ureter following nephrectomies. These examinations were made in some cases as long as three years after operation. I have found in a considerable number of cases a patent ureter, from its orifice in the bladder to its upper extremity, I have yet to see one that showed any infection whatsoever. Three cases under observation were tubercular cases, they all allowed the catheter to pass without difficulty and showed no infected areas. I think that, under those circumstances, in the majority of cases it is unnecessary to expose the patient to such an extensive operative procedure as nephroureterectomy.

The same line of treatment can be recommended where the infection is in the testes or epididymes, complete enucleation, together with the cord and vesicle on that side. General hygienic measures must be recommended following all operative procedures.

I do not believe that great profit can be expected from hygienic measures alone and one may jeopardize the final recovery of the patient by sending him away for good air and out-of-door life.

Medical treatment will prove of little benefit except as an adjunct to other forms of treatment. Under this head may be mentioned tuberculin as a therapeutic agent. I do not suggest its use as a routine treatment, for as a rule it takes a long time to produce much benefit and at a tubercular condition may progress to such a degree that more radical forms of treatment may be contraindicated. I have had two or three cases under my personal observation that responded to tuberculin very dramatically, one of which I will outline.

Patient, male, 24 years of age, with the

Digitized by Google

following history: Had all of the ordinary diseases of childhood. At the age of ten years was run over and claimed that at this time his back was broken. Following this there had been abscesses on the back and in the groin. Patient was fairly well for several years.

Upon examination the patient said that his urinary trouble began about one year prior with painful urination. He consulted a physician who claimed he had a stricture, patient denied all venereal infection. A sound was passed with difficulty with the result that the patient had a marked hemorrhage for several days. Ever since that time the urine had contained pus and blood and he was compelled to void urine very frequently. The frequency developed into an incontinence and when the patient consulted me he had been compelled to wear a urinal to catch the continual flow of urine. Examination showed a suppurating sinus leading down to the right testicle, a swollen and tender testis on the left side, both epididymes were involved as well as both vesicles and prostate. Old scars were noticed in the groin and a deformity at the junction of the lumbar and dorsal vertebrae on both of which old scars were seen. Examination of the urethra showed a deep stricture through which only a filiform could be passed, this was left in place. The urine showed many tubercle bacilli and epithelial cells from the bladder and kidney pelvis in abundance.

The patient, having such an extensive involvement, surgical interference was contraindicated. The patient was placed in bed, the urethra treated by dilatation. I was able finally to get five or six filiform through, and thus was able to drain the bladder. I began injection of tuberculin T. R. .001 milligram. I gave the patient seven injections over a period of five weeks. The improvement was phenomenal, the patient insisted upon getting up and going out, he said he was feeling better than ever before. He came to my office once or twice for treatment and then disappeared. I do not know what has become of him, I would certainly have liked to continue the treatment to see what the final outcome would have been.

The consensus of opinion, however, is that tuberculin will not prove of such value that it will supersede other forms of treatment. In cases that are so extensive that nothing surgical can be done, then the tuberculin treatment may be employed.

Patient, female, 35 years of age, had a unilateral renal tuberculosis of the left side. The urine showed pus, blood, epithelial cells from the bladder and kidney, tubercle bacilli and colon bacilli. Cystosopic examination showed a mild cystitis but no evidence of tuberculosis of that viscus. Ureteral orifices normal. Left kidney, specimen cloudy, right clear. Examination of these showed tubercular condition in left kidney but no colon bacilli. My theory then was that the colon infection was localized in the bladder, which theory subsequent examination proved. This patient was given the colon vaccines 20,000,000 at a dose for a period of three weeks with local treatment to the bladder, with a result that all of the urinary symptoms disappeared. Nephrectomy was finally done and the patient made a very rapid recovery. I believe that the vaccine treatment in these cases of marked mixed infections will prove of great value.

Local measures in tuberculosis may be employed, those adopted should be as little irritating as possible. Instrumentation should be practiced as judiciously as possible, as instrumentation seems to increase the irritability. The French surgeons have recommended the use of bichloride instillations, others employ carbolic acid (5 per cent), but personally, I find that these treatments have a marked tendency to increase the symptoms. Iodoform emulsion has been recommended and is usually followed with good results.

A case of bladder tuberculosis now under my care, secondary to a kidney lesion, has shown marked secession of symptoms with the use of 20 per cent gomenol in oil. The bladder symptoms had been so exaggerated from an attempt at a cystoscopic examination before he came under my care, that I found it necessary to get the bladder in a little better condition before attempting another examination.

In conclusion, I wish to emphasize some of the points I have endeavored to bring out, that is, early diagnosis and radical operative procedure. The importance of frequent physical examination of our patients, the uselessness of palliative treatments and the frequent and rapid involvement of adjacent tissue following a primary urogenital tuberculosis.

72 Madison Street.

Gum arabic is not to be added to solutions of iron or the mineral acids.

For Sale.—Ten milligrams of pure radium bromide (Sthamer). Address inquiry to the editor of the Fortnightly.

Digitized by Google

GASES IN THEIR RELATION TO THE BODY.

A. L. BENEDICT, A. M., M. D.

BUFFALO.

Consultant in Digestive Diseases, City and Columbus Hospitals; Attendant in same, Mercy Hospital.

[FOR THE MEDICAL FORTNIGHTLY.]

II. GASES WITHIN THE NORMAL BODY.

Ignoring the small amount of gases present in the interstices of the body in aqueous solution as result of atmospheric pressure, we find that gases in bulk occupy very different qualitative and quantitative relations to different systems and apparatuses. Air, more or less modified has free access to the exterior of the body, subject to relative restriction by artificial protection in the way of housing and clothing. The respiratory passages including the pulmonary terminals, are normally filled with air which is warmed and moistened in passing the radiation device of the turbinates and pharynx, so that, in nose breathers, it is unirritating to the larynx, except in the greatest degrees of cold or in cases of nasal disease. The well known qualitative and quantitative differences between inspired and expired air need not here be considered. The large content of air in the thorax not only lightens the task of the diaphgram in preventing thoracic ptosis but is of service in rendering the higher animals facultatively aquatic.

The large antra of the head and face, not only lighten this part of the body, but serve as reasonators to the vocal cords in phonation and the air chamber of the middle ear has a mechanic function fully discussed in the physiology of audition. Confined air tends to be absorbed and, hence, in obstruction of the Eustachian tube, so-called subjective, but really objective noises though fallacious sensations of noise are heard. The act of swallowing tends to restore the equilibrium of air pressure between the two sides of the air drum. A similar equilibrium between the pressure of the cerebro-spinal liquid on the inner side of the fenestrum rotundum and the air in the middle ear should also exist and a disturbance of this equilibrium by sudden suction on the drum membrane, as in detaching wax or using the suction pump in the external auditory meatus, or by entering or leaving a caisson, may produce dizziness and even unconsciousness by its effect upon intracranial blood pressure. Even the difference in air pressure occasioned by a sudden elevation as in a twenty-five-story building, may cause appreciable symptoms of similar kind.

The closed tubules of the blood and lymph systems as well as the urinary tubes, and various serous and synovial sacs, normally contain no air. Even the orifices of the body are normally closed so that air is normally present only in the respiratory tubes and their off-shoots in the head and face and in the alimentary canal.

In speaking of the air in the alimentary canal, considerable qualification is necessary. The esophagus is, ordinarily a closed tube. Below the cardia, the alimentary canal but not the ducts which pass off from it to the liver and pancreas or to microscopic intrinsic glands, is normally more or less distended with the remains of air inevitably but merely adventitiously swallowed, and with gases produced by the inorganic and organic chemic reactions occurring within the canal, largely through the action of bacteria and fungi which may also be considered as inevitable but purely adventitious.

The amount of air swallowed is very variable and difficult of measurement. It depends partly upon habits of eating and drinking, especially hasty gulping of liquid and, doubtless, is subject to characteristic individual differences depending upon the anatomy and muscular physiology of the tongue, fauces and pharynx.

Air that is swallowed is very commonly regurgitated a few minutes after the meal or even during its progress. Some, however, always remains from which the oxygen is gradually abstracted during its passage, while carbon dioxid is added to it. This process of gastro-intestinal respiration is sometimes mentioned as supplemental to pulmonary respiration and as a cause of distension of the alimentary canal with carbon dioxid. While it is interesting as an illustration of the general respiratory function of protoplasm, it cannot be considered as of importance, either physiologically or pathologically, unless associated with other predominant conditions. The total amount of air swallowed during a meal and not immediately regurgitated—or allowed to leak back into the pharynx and thence externally—can scarcely exceed one liter but let us say two liters. Another liter or two may be allowed for swallowing water or saliva between meals. A total of ten liters would be an extremely liberal allowance for a day—without reference to excessive deglutition reflexes, which will be considered later. This is just about the amount of air breathed in a minute but, in pulmonary respiration, only four of the 20 per cent of oxygen is taken into the blood while, of

Digitized by Google

swallowed air, almost every trace of oxygen is ultimately removed. Thus the alimentary respiration for an entire day is about equivalent to pulmonary respiration for five minutes, a ratio of 1:288.

Neither can alimentary respiration be held to account for gaseous distention of the alimentary canal, as some have taught, Carbon dioxid is not forced out of the blood into an extravascular medium, excepting when the tension in the latter is less than in the blood, or on account of osmotic differences. Undoubtedly, so far as the stomach and intestine contain elemental oxygen, it will not only be absorbed but replaced with carbon dioxid from the blood up to a certain point which corresponds approximately—the exact mathematics of osmotic interchange need not be here considered—to the amount of oxygen removed. But, to imagine that there is any physiologic possibility of forcing carbon dioxid from the blood into the alimentary canal so as to produce distention of the latter is equally as absurd as the teaching that alimentary respiration is an appreciable part of the means of supplying the body with oxygen.

The mere difference of temperature between the alimentary canal and the ingesta, which are, on the whole, of a less temperature, slightly increases the volume of swallowed air, drives off a small amount of gas previously held in solution, and volatilizes some food ingredients. In its entirety, this action is very slight, indeed, scarcely appreciable.

A further and very important factor in the production of gas in the alimentary canal is the ferments of living saprophytic bacteria, fungi and yeasts which are always abundantly present, though normally not in a state of highly active function in the stomach. There is considerable difference of opinion as to how far these saprophytes are to be considered essential or how far they are merely inevitable and adventitious. Some have gone to the extent of declaring them to have an important digestive function, which is exceedingly doubtful. The fetal alimentary canal is normally sterile and experimental animals have been kept for some weeks under conditions of sterility, opinions differing as to whether they could be considered normal and, if abnormal, to what degree the abnormality was due to the absence of alimentary saprophytes or to the inevitable limitations of experimental circumstances, which obviously restrict the liberty and influence unfavorably the general hygiene of the animal. Most authorities have claimed that the feces, and therefore, the alimentary canals of arctic animals were sterile, or practically so. But even this has been denied. So, too, counts of fecal bacteria have differed widely and while some have estimated bacteria to comprise 10 per cent, or even a quarter of feces on a starvation diet or a diet of almost entirely digestible and absorbable nature, others have estimated that bacteria make up only 1 per cent or even 1 per mille of the fecal mass.

A conservative opinion seems to be that saprophytes do not normally comprise more than ½ per cent of the fecal mass, that they are not physiologic adjuvants but simply adventitious parasites, not ordinarily exerting any appreciable influence upon the host except by destroying a small part of the ingesta that might otherwise be utilized, but which is, under ordinary circumstances, entirely negligible, since we habitually eat more than we need.

While the digestive ferments, in no case, produce gases, nor even volatile substances except in the sense that the acid portion of split fats and the amido-products of proteids are somewhat volatile, the ferments of saprophytes produce a variety of both volatile and strictly gaseous substances. Among the former may be mentioned acetic and lactic acids, alcohol, phenol, etc. Among the latter are CO_2 for all organic foods, CH_4 or methane (marsh gas) from cellulose, NH_3 (ammonia), H_2S (hydrosulphuric acid, sulphuretted hydrogen) and CS_2 (carbon disulphid) from nitrogenous foods, and small amounts of hydrogen from organic acid derivatives or possibly from other routes of decomposition of organic foods. While the colon bacillus is sometimes stated to be the sole source of the sulphurous products, this is by no means certain. At least half a dozen germs are described as lactic acid producers and fungi and yeasts break up carbohydrates with the production of organic acids, then alcohol and finally carbon dioxid. Still, it is known that the chemic products of various bacteria differ according to cultural methods and bacteriologic chemistry has not advanced to the stage at which we can make definite assertions as to just what organic foods are attacked by any particular germ and with just what results.

We can, however, make certain approximate and crude clinical assertions. Sour smelling feces contain the organic acids, and indicate the decomposition of carbohydrates, not cellulose, notably the lactose of milk. H_2S and CS_2 are also easily detected by the odor of the intestinal gas and, while the latter has the characteristic stale

Digitized by Google

odor of intestinal gas and seems to be a trifle less volatile, we can not by the odor alone, distinguish accurately between the two, but must group them together as an indication of the decomposition of proteids rich in sulphur, for example eggs and beans. H_2S, CS_2, H and CH_4 are inflammable. CO_2 on the other hand, tends to lower inflammability. Inflammable intestinal gas almost always contains a large amount of CH_4 and, if the characteristic sulphurous odor is not marked, we may conclude that there has been decomposition of vegetable food rich in cellulose. The writer has never found the intestinal gas inflammable at a necropsy, probably on account of the accumulation of CO_2.

While the odor and inflammability of intestinal gas are crude, even ridiculous tests, they are of some practical value and, along with other simple means, often enable a very practical distinction to be made as to the form of organic nutriment most subject to decomposition in a particular case, so that dietetic and antiseptic treatment may be instituted. The ignition test must usually be carried out by the patient and care must be taken not to set fire to the clothing. One of my patients, indeed, was raised from the closet seat and quite badly burned by a discharge of gas against a lighted paper. The test, of course, should be carried out in the bent, standing posture.

Feces that float are either very rich in fats, or in light cellulose, or contain considerable gas in the interstices. Some feces literally foam from the presence of vast numbers of yeast cells and one speci men, brought warm to the office for examination for possible amebae, for some minutes, poured forth from the narrow necked bottle like a geyser. Apparatus has been described to quantitate approximately, the amount of gas developed during fermentation. Such apparatus can be easily constructed or a nitrometer or fermentation tube for glucose may be used. However, it is impossible to standardize the various circumstances upon which fermentation depends and the inspection, gross and microscopic, and the simple tests mentioned, will give sufficiently accurate indications.

In International Clinics, October, 1899, the writer first called attention to a previously unnoticed source of gas in the ali mentary canal, although the exceedingly simple chemic principles upon which it depends, must have been known to all physiologists. Without reference to the immediate gastric condition which, being pathologic, will be considered later, attention may be here called to the fact, that a great deal of the intestinal gas is normally produced by a simple and inevitable interaction of acid gastric contents with the alkaline carbonates of bile, pancreatic juice and intestinal secretion proper.

It is somewhat questionable whether the acid chyme is thoroughly neutralized in its reaction, in changing to intestinal contents. While the intestinal contents are superficially alkaline, the interior is often if not usually acid, still much of this acidity is due to subsequent fermentation by saprophytes, in the intestine itself. Some of the acid factors due to gastric digestion are absorbed and, even in the feces as passed, there is usually an alkaline external surface and an acid interior, so that a full interaction does not occur.

However, not counting the intestinal juice, it is safe to say that practically all of the alkaline carbonates that do not unite with fats must be decomposed in the upper part of the small intestine and, conversely, that practically all of the acid factors due to gastric digestion must be removed by absorption or neutralization. We may attack the problem from either of two directions: assuming (1) that all the acid gastric factors are neutralized, or (2) that all the alkaline carbonates due to hepatic and pancreatic secretions are neutralized, since soaps are not found as such in the lacteals and since the moderately alkaline reaction of the intestinal contents may be attributed to the succus entericus alone. Neither of these premises is mathematically correct but either will afford some basis for an approximate calculation.

So far as we may judge from gastric analyses, the chyme passing into the intestine has an acidity of 25-30 degrees, exclusive of combined HCl and the total chyme per diem amounts to about 3 liters. In other words, 750-900 C.C. of N-10 alkali will be required to neutralize these acid factors and for each molecule of alkaline carbonate (not bicarbonate) in the neutralizing solution, a molecule of CO_2 will be produced. By defi nition, each liter of alkaline carbonate of N-10 strength, will produce 2.2 grams of CO_2. Hence, 750-900 c.c. will produce 1.65-1.98 grams of CO_2. At the body temperature, each gram of CO_2 occupies a space of about one-half liter so that we may conclude that the daily production of CO_2 by this means is somewhere up to one liter.

Attacked from the other direction, we have the following data (Gamgee): 1. Liter of bile containing .95 gram of Na_2CO_3 and 600 c.c. of pancreatic juice containing .25 of Na_2CO_3 are secreted daily. The total

Digitized by Google

is 1.2 gram. Each molecule of Na_2CO_3 yields a molecule of CO_2 so that the amount of CO_2 is proportionate to the respective molecular weights. Hence we have the following proportion to solve:

1.2 (total weight of Na_2CO_3): x (total weight of CO_2 : : 106 (molecular weight of Na_2CO_3: 44 (molecular weight of CO_2).

Hence, x equals almost exactly ½ gram in weight or ¼ liter or 250 c.c. in volume. The total amounts are very low, according to modern researches. Some authorities would allow us to double or even triple the result, bringing it into pretty close correspondence with the result of the other method of computation. Moreover, the same production of CO_2 occurs throughout the bowel, wherever the alkaline juice reacts with acid factors, however produced, as by fermentation. It is probably a safe estimate that at least a liter of CO_2 is produced by the action of acid factors upon alkaline carbonates within the bowel, that two to three liters more of gas are introduced by swallowing air, the nitrogen mostly remaining and the oxygen being approximately replaced by respiratory exchange, of CO_2 and that a variable amount of CO_2 and other gases are also produced by fermentation and putrefaction by saprophytic germs.

At any rate the alimentary canal is never completely collapsed, except transiently in individual segments, gas, liquid and semi-solid contents being associated. Thus, the alimentary tube really floats upon itself and the more substantial abdominal organs and parietes, and the gas present not only serves to lighten the body and assist its bouyancy in water, as do the lungs, but helps to solve the problem of visceral support, while the quite sudden formation of considerable quantities of gas just below the pylorus, undoubtedly is a great factor in stimulating the movement of the intestines, and the ultimate extrusion of their contents.

(To be continued)

More Floating Hospitals in New York.—A bill was introduced into the State Legislature on January 25th by Assemblyman Ferrell, providing that during the summer months the Department of Health shall maintain as many hospital boats or barges as the Commissioner of Health shall deem necessary for the free treatment of children and their mothers. The bill also provides that trained nurses and at least one physician shall be on duty on each floating hospital.

A FEW THOUGHTS ON THE MATTER OF NOSOLOGY.*

C. F. WAHRER, M. D.

FT. MADISON, IOWA.

When visiting a patient one of the first and sometimes one the most difficult things asked us to answer is, "Doctor what is the matter with the patient?" This at once brings up not only the matter of diagnosis, but the more difficult question of nosology or naming the disease. At first thought these are synonymous, but as an after thought it will at once show that they are not so. You may, if so fortunate, often have a very clear idea what is the matter with your patient, and yet you may not be able to express it in such a manner as to make it clear to the questioner, who frequently is the patient himself, or a near relative so as to entitle him to a respectable answer.

Either the name of the affection is so rare that the name would be almost unintelligible to the interrogator, or the trouble is a symptom-complex, for which no real name has so far been given. To say that the patient is suffering from a complication of diseases may seem to be hiding one's ignorance, to give a name so rare that it is practically unknown to the people, savors of pedantry.

To tell your patient that he is suffering from acute anterior poliomyelitis is practically meaningless to him, unless you qualify it by some circumlocution. I doubt, too, that we have real names for disease condition that may present itself at the bedside.

A patient may suffer with some acute cold, say a subacute bronchitis, while at the same time or just previous to that time he has acquired a very acute indigestion from eating something that has disagreed with his stomach to the extent that it is refusing it lodgment, and is promptly ejecting it, while at the same time the woman, if that is the patient, is suffering from a very severe attack of dysmenorrhea.

This is not the case every day in a doctor's life, yet this is neither a fancy, nor a silly supposition, but one that has been encountered several times, and I dare say others of you have seen the same or similar complexes to worry you with your nosology, and probably discredit you with the patient or his friends.

In times past this was even worse. What then was often called a disease, we have discovered since to be several disease entities. For instance we had no sharp distinction drawn between measles, scarlatina,

*Read before the South Eastern Iowa Medical Society.

Digitized by Google

rubella, the so-called German, or French measles, and even smallpox was often confounded with them.

It is not so long ago that rubella was fully distinguished from the other exanthemata as a distinct entity. And now they are confidently talking of "fourth disease"

We formerly knew little of the difference between typhoid and typhus fever, and either to confuse us, or on the other hand, to clear up some symptoms that were often puzzling, they are now talking very glibly not only of typhoid and typhus, but also of paratyphoid fever.

To clear up this muddle, and further to be sure what mountain fever is, as to its relations to typhoid fever, and further, to typhus, it cost a precious young life of late in the person of Howard Ricketts of the University of Chicago, who went to Mexico to study these affections, their pathology as related to each other, and their etiology, and while doing so, took typhus, and died of it a victim to his devotion to humanity, surely an act than which no man can do more, to die for his fellow-man. In the face of this, it grieves us to observe how glibly some ignorant men talk of diseases that have no existence except in their vacuous brains. As there are a great many sins not mentioned in the decalogue, so there are a great many diseases not mentioned in our text-books, but they are man made sins, and doctor-made diseases. I mean the sins as well as the diseases above mentioned are existent only in the minds of the people who mention them.

Now, I shall contend that there is no use for either the man-made sins, as we have enough in the decalogue to be responsible for, nor for the doctor-made diseases, as we have enough and to spare of the real article. Some speak of "black diphtheria" as though diphtheria were not bad enough, without the adjective black. No such disease is mentioned in our text-books.

The main object of the attending physician is to impress the patient, or his friends, of the gravity of the condition which afflicts the patient. Often the complaint is a mere cold affecting the respiratory organs, not of sufficient importance to correspond to either pneumonia or bronchitis, but the patient must be impressed, and he is told he is threatened with pneumonia, or if he is found to really have pneumonia, he is told to have "typhoid-pneumonia," as though that were a separate disease, or a combination of the two diseases. What the doctor means is very much in doubt. He may mean nothing in particular, except that he has heard others use the phrase, and that it means something terrible, and if the patient succumbs, it couldn't be helped, and if he recovers, it adds another feather in the great doctor's cap. If a typhoid fever patient in his delirium should jump out of bed and break his leg, would you say he had a typhoid fracture of the leg? It needs but a little ridicule to show how silly these things sound, and how ridiculous a doctor makes himself before the better members of his profession, even though he may gain a little tin-god reputation among the laity and to the poorer class of them at that.

Should the patient have a malaria, and the treatment is not followed by brilliant results, then the patient is told he has typho-malaria. Does the learned doctor mean that the patient first has malaria which became converted into typhoid fever, or does he mean that the patient has a hybrid disease partaking of the nature of both diseases, that we could find upon analysis both the bacillus typhosus. and also the hemameba malariae, or does he just wish to impress the patient with the idea that he has an unusually bad disease? You surely can not find the affection mentioned in any modern text-book. Then we have the terrible typho-puerperal fever that afflicts only women who were unfortunate enough to have an infected uterus, after an abortion or after confinement. Not yielding to a few hot douches, or intra-uterine injections fortified or not, with dull curettement, and possibly a mop of pure carbolic acid or other so-called antiseptic treatment the affection is at once called typhoid fever or it is said to be complicated with typhoid fever, though if a Widal test or a Diazo were made they would be found negative. In rare instances it could be that a woman having typhoid could be delivered of a premature child, or at term could in addition to her typhoid become infected with puerperal poison, yet we must all admit that such a condition must be rare.

Many do not have the courage to admit that the patient suffers from an infection due either to their carelessness or other untoward causes, while under their care. Yet that is just what we often encounter and what the consultant is often asked to negate, should the question arise. In all these cases the truth would in the end serve the best of all as that is what will finally come to daylight. Then we have black measles, black smallpox, white swelling, yellow janders, and the blues, to say nothing of the whites in women and green sickness in girls. Are measles or smallpox any worse for being black, even if it were so?

Digitized by Google

Are they not bad enough as they are? Why paint them in these sad colors? Then we have neuralgia of the heart when there is probably nothing worse than a trifle of intercostal neuralgia over the cardia. Torpid liver is simply a name for the purpose of covering our ignorance as to the patient's condition, which when treated with calomel is simply adding insult to injury. You never saw in any book the pathology of torpid liver, nor have you seen it as a disease entity. And pray what is a "congestive chill?" Ever see one? Do you mean the chills of malignant malaria? If so, did you ever practice below Mason and Dixon's line and see one? I am sure you never saw one in this latitude, as we don't have them here. You simply saw a hard chill, and wanted to impress the crowd with the importance of your case. Now look over any modern book on diseases of the stomach and see how often that affection occurs that you are pleased to call "neuralgia of the stomach?" Were we more painstaking and more exact diagnosticians we would never again say neuralgia of the stomach, but we would find probably gallstones, cholangitis, ulcer, carcinoma, even appendicitis or nephrolithiasis.

Then did you ever come across a difficult case of labor where you were compelled to say "the pains are working upward?" Was the patient trying to vomit the child? Or did you mean that the oblique muscles of the uterus were reversing their usual action? Come now, get you a good new book on obstetrics and read it and you will not find any such fatherless and motherless expressions as these in the whole book, nor in any other book. You simply heard some old granny say that and you are poll-parroting it after her, like a great many other things you have in your vocabulary. Then did you ever come across any of the exanthemata or skin diseases that were in the act of striking in, and you were compelled to drive them out again? If so, how did you do it? I and a great many others would like to learn the secret. At least that is what you accused your predecessor in the case of having done and that is the reason the child is so sick. If you can succeed in driving them out again, the case may live. If not, the case is very doubtful.

Say, what are you giving us anyway, and where did you get it? Surely your professor never gave you such heresy, nor did you ever see it in any medical book. You must have got that in the same place where you got prairie itch, and salt rheum, and the "jumpen hee-cups." Then where were you ever taught that you could ever say to a patient that he was threatened with pneumonia, or threatened with typhoid fever or stroke or in fact with any disease? We can do no more in all such cases than tell a patient, if we expect to be honest with him, that he has some symptoms of such and such a disease, which in a few days may declare themselves so as to enable you to make a positive diagnosis so you can treat him correctly. Follicular tonsillitis should not be called diphtheria, no more than a few fugacious pains in the back should be called kidney disease. Liver trouble, heart trouble, kidney trouble, womb trouble, female disease, ulcers on the womb all these should as a matter of professional honor and pride, be forever tabooed from our list of names given to the various syndromes constituting our regular list of diseases.

The patient who has been told that he is threatened with a pneumonia, and tells it to his friends, will soon hear that he has pneumonia, and if in a few days after he is seen on the street some one is going to get the laugh. Yet many will think Dr. Blank is a great man on pneumonia. But the truth will finally out, and the last stage of our brag medicine man will be worse than the first. Even the intelligent laity will smile as they do in a nearby town where a doctor tells his patients when he is not able to make a diagnosis, that they have the pulse fever. All such things will firmly find daylight and it will not only hurt the doctor who uses such cheap subterfuges, but it will throw discredit upon the whole profession. These men are also the same ones who tell people that "It is no harm to make a woman come around, as long as there is no life." Do you really think there is a doctor living in this enlightened age who believes such tommy-rot? Don't we all know that as soon as there is conception there is life, in fact without life there can be no conception. It is all a matter of insincerity, and these same men call all throat diseases diphtheria, all fevers are typhoid, all colds pneumonia, all skin eruptions eczema or prairie itch, all superficial sores cancer, and so on till one becomes ashamed of his profession. To make this worse, when a patient becomes dissatisfied, he goes to another doctor, who makes a different diagnosis, and should he be of the same breed of diagnosticians, he will add but another chapter of shame and confusion to the one just closed. No wonder intelligent laymen make some very uncomplimentary remarks as to doctors disagreeing, in naming their complaints, and

Digitized by Google

consequently mistreating them. The remedy for all these foibles and nosological crimes is apparent to all.

First let us become informed, so we may be able to make a proper diagnosis, and then let us be truthful to the full extent of our ability, and teach our patients that whatever we say is correct and the truth, And when we cannot at once make a diagnosis, say as little as possible, or nothing until you have something to say, then let it be as correct as can be. If we are pressed to name the disease by unreasonable people, and we cannot give some reasonable excuse, then tell them frankly that you don't know yet and that in a few days you hope to be able to make a certain diagnosis. Reasonable people will not object to this, and the others will not be satisfied anyway. If you train your patients to expect miracles of you, they will not be satisfied with anything short of this, and some day you will not be able to satisfy them, and there will be a change of doctors. Besides the world is rapidly advancing, and the laity are becoming enlightened, and this old dope is no more acceptable to them. Discriminating people will place all such wonder doctors where they belong, and learn to shun them. Of course if you practice in a backwoods region, these threadworn tactics will still work a while, but it is becoming a dangerous practice anywhere. One such doctor in just such a field of practice, worked up a reputation as a sure pop curer of diphtheria. They came to him from the fields of other men to get his famous diphtheria cure. This was chlorate of potassium internally and sulphur blown into the throat locally. This cured all these cases of the so-called diphtheria until the genuine article appeared in his vicinity, and the bubble burst, as we must always expect. All real cases of diphtheria he treated died, except the few who received the benefit of counsel, and early doses of antitoxin. His people have lost all confidence in him, and he has scarcely enough practice left to make him a living.

In conclusion, let me beg of you in the name of an exalted and noble profession, to avoid these cheap tricks of charlatans, and expend your energies in the pursuit of true science, and the regard will follow as a natural result. Our list of diseases now catalogued is full and ample, and should be sufficient to meet the demands of the most exacting and critical practitioner. A reputation made on a good foundation is surely more lasting than one resting upon a false one. The adulation and respect and devotion shown such men as Washington, Lincoln and Roosevelt, is proof enough to show that the people esteem the true and genuine, while they soon forget the false and glittering pretenders.

1007 Fifth street.

Salol may be given to advantage in catarrh of the alimentary canal and especially in jaundice due to this cause.

Missouri to Honor Mark Twain.—Two bills are being prepared by members of the Missouri Legislature which provide for memorials to Mark Twain. One measure contemplates the purchase of the boyhood home of Mark Twain, associated with "Huckleberry Finn," which now stands within the corporate limits of Hannibal. The other bill provides ten thousand dollars for a monument. The Hannibal Commercial Club has announced that if the legislature will provide a monument the citizens of Hannibal will furnish the most conspicuous point in that city as a site. This will probably be Lovers Leap, a bluff overlooking the Mississippi, which is close to the cave made famous in "Tom Sawyer."

Antityphoid Vaccination.—The Associated Press tells us that so striking have been the results realized by the regular army through the adoption of anti-typhoid vaccination that through Gen. Weaver, in charge of the militia division, the general staff has addressed a circular to the organized military, apparently with the purpose of preparing guardsmen for such vaccination in the future. The circular is based upon a report by Lieut. George B. Foster of the Medical Corps, which contains startling figures illustrative of the havoc wrought by typhoid in armies. It is shown that in the short Spanish-American campaign, there occurred 20,738 cases of typhoid among 107,973 men, with 1,580 deaths. In the Franco-Prussian war, the Germans had 73,396 cases, with 8789 deaths, and statistics of the Russo-Japanese war have never been published. About one-seventh of the regular army has been vaccinated, and it is pointed out that if it were required that all new recruits and re-enlisted men be vaccinated, the regular army would be immune to typhoid in three years. With no serious results following more than 31,000 inoculations in the army the procedure is regarded as absolutely safe. The protective vaccine is prepared at the United States Army Medical School in this city.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES;

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Social Hygiene.

The recent rather strenuous visit of Dr. Winfield Scott Hall, of Chicago, to our city, and his numerous addresses on the subject of social hygiene to audiences variously composed, his very rational handling of some subjects which have been hitherto tabooed in the presence of some of the audiences which he was privileged to address and the reality and frankness of his interest in his subject, all these have awakened a real and lasting interest in this vital subject on the part of so considerable a number of St. Louisans that it seems probable that tangible results for the general betterment will shortly be forthcoming. We do not know just how many addresses the doctor gave, but we are convinced that the burden of each was in behalf of a clean and healthy posterity and the betterment of conditions for those who are at present dwelling on this earth. His earnestness and sincerity made it possible for him to address the most select of our women's clubs and talk on themes which have, probably, never before been entertained there. The lay press seemed to find two notable points, on which it felt called to comment in his address. It is singular that it should be deemed unusual to find a man who openly advocates absolute honesty in responding to the inquiries of children, even when they inquire about so indecent and disgusting a thing as that which concerns the holy process of bringing a soul into this world. Children see for themselves the process going on in animal and vegetable life every day, and the process rarely excites the slightest thought in or comment from them. But their elders have made for them a mystery in this, in so far as it concerns humans, and the very fact of the mystery and concealment prompts evil which can with difficulty be afterward eradicated. Recently we happened to speak, before a widow and her daughter (who is fully 35) of a woman whom we mentioned as being pregnant, the mother called us aside and requested us not to speak of such an unmentionable thing before her daughter. The case is not a rare or extreme one, people have allowed themselves to make nastiness where it does not properly exist. Maternity is not nasty or indecent, and the sooner the profession and the public places it on the honorable pedestal where it belongs the better for future generations. With Dr. Hall we fully believe that more evil results from the deception of such stories as that of "the stork" than could ever come from a decent explanation from an intelligent parent to a child who has reached an age to be able to observe the domestic fowls and insects which surround him; investigation is the watchword of the average child, he wants to know what so many things mean and what it is all about; if the father and mother lie to him about one thing how can he ever believe in their honesty or how can they blame him for deceiving them. He will find that the stork story is a lie years before that they dream that he has discovered it and the discovery will come through channels which they might well have rendered innocuous by having been the first to implant the impressions, by having created clean ideas rather than those which are lewd.

Another thing which Dr. Hall is said to have advocated, but on which we are far from convinced, is the matter of sex segregation when children reach the high school age. Having never attended other than coeducational schools from the beginning of our training until we entered the professional school the suggestion makes us recall all the years, through primary, grammar and high schools, a short time in a preparatory school and four years in college, we cannot recall more than three or four specific instances where there was the slightest disadvantage from coeducation, and we can recall many points of advantage. The marriages which resulted in after years among the college mates seem to show the most wholesome mating which we have observed anywhere, and they are many, though little was heard of such things during the days of study, we were too busily occupied with other things. Possibly the precosity of present day high school children has changed all this. Possibly segregation is necessary. But again possibly there is need of greater authority in supervision, and a recognition of the fact that our schools are making men and women and that they have not accomplished their full purpose in preparing persons for examinations.

Such a visit as that of Dr. Hall should

Digitized by Google

not be allowed to be the end of the chapter which he has so splendidly opened; we do not believe that it will be, the work here has received an impetus which must lead to its continuance and permanence. We doubt whether we will at once witness the proper presentation of the sex problem to youth during the formative period; we doubt whether we have the people properly educated and prepared for that work, even were it delegated to the medical profession we would not feel content that it was certain to be properly done, for we have the witness of daily experience with venereal and other patients that it is not at all unusual for physicians to advise youth and patients in ways which are hygienically and morally abdominable; we believe that it is done through ignorance, and ignorance which seems inexcusable. The medical schools do not teach this phase of duty very thoroughly. Certainly the teachers in our public schools are not fitted for such work, nor are parents as they run. Its a big proposition at best, but a good one to tackle.

Changes in Our Colleges.

It is difficult for the general run of us to keep track of what is being done in our medical colleges these days so rapidly are changes being made and so strenuous is the stride along the path of progress, we have long since accepted as final the evidence that at least two of our schools are taking rank with the foremost in the world. Graduates of a decade ago, should they today visit their alma mater, would find strangers occupying the more important chairs and such a revolution in the work being done that they would feel themselves strangers but for the cordial welcome which would be extended them. The additions to the faculties have been made with but one thought, that of increasing efficiency. In Washington University this has been done at an expense which would have been staggering to the corporation but a few years back. Men have been called and have come from the various points of the compass, men whose names are even more widely associated with the subject of education and whose repute as educators and scientists is better known than is that of the institution with which they have identified themselves, but they are helping Washington University to take the place it is destined to fill, when it shall be world famous for the excellence of its courses and for the brilliancy and versatility of its graduates. In a lesser way, but with the same earnest endeavor St. Louis University is strengthening her faculty and showing a like purpose; unfortunately she has not the financial backing which is the happy lot of Washington University, but she is doing the utmost possible with what she has, and she is doing it well.

These changes forcibly remind us of the good men who engineered these schools through the vicissitudes of their earlier years when medical education was imparted with a most meager armamentarium, how some of these men would have delighted in present day equipment! They may have dreamed of present conditions as a possibility, but we doubt if their dreams ever contemplated one-half what has already been realized. But they builded a splendid foundation and one which will ever support the magnificent superstructure which is being erected thereon.

Columbia University has received $100,000 to be ultimately used for promoting cultural relations between Germany and the United States, and $30,000 from Mr. E. D. Adams, to buy and equip a Deutsches Haus for the university. In addition to several other gifts, a farm of 320 acres, valued at $15,000 has been given for an experiment station in connection with projected instruction in agricultural engineering.

To Control the Milk Traffic.—A bill to regulate and control the milk traffic in first class cities in New York State was introduced in the Assembly on February 6th by Assemblyman James A. Foley. The measure provides for the establishment of a milk commission, consisting of three members to be appointed by the Governor, to have general supervision of all milk dealers, with power to fix standards of quality and purity, together with the maximum prices that can be asked or demanded from consumers for milk of such standards, and also with power to order yearly reports from all milk dealers and to enter and inspect their plants and to examine their books and papers and to subpoena witnesses and take testimony. Every milk dealer would be required to obtain a license from the commission. The fee for such license is to be $25 a year, which, it is expected, will entirely defray the expenses of the commission. These licenses can be revoked or cancelled by the commission at any time for a violation of any order of the commission.

Digitized by Google

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis

Principles of Public Health. By Thos. T. Tuttle, M. D., Secretary and Executive Officer of the State Board of Health of Montana. Illustrated. Cloth, 186 pages. Yonkers-on Hudson, New York: World Book Co., Publishers. (List price 50 cents, mailing price 60 cents.)

We have previously had the privilege of reviewing other books of the series of which this is an important number and our expressed approval can well be passed on to this. The preparation of books on physiology, hygiene, sanitation and allied topics for the use of pupils of grammar grades has seldom been attempted by men of such wisdom as to present the subjects in a scientific and interesting manner and shorn of fantastic fads. This series seems singularly free from the objections which might justly be laid to the class and may be recommended to teachers and school boards with an assurance that the teachings found therein will lay a foundation of facts which must bear the test of time and lead to the betterment of conditions along the lines considered.

Primer of Hygiene. By John W. Ritchie, of the College of William and Mary in Virginia, and Joseph S. Caldwell, of the George Peabody College for Teachers, Nashville, Tennessee. Illustrated. Cloth. 184 pages. Yonkers-on-Hudson, New York: World Book Co. (List price 40 cents, mailing price 48 cents.)

This is another of the series of books, prepared for texts for the use of grammar school pupils mentioned above. It discusses in interesting manner the elementary facts of hygiene, and is admirably suited to the needs of the class of students for which it is purposed.

A Text-Book of Pharmacology and Therapeutics; or the Action of Drugs in Health and Disease. By Arthur R. Cushny, M. D., Professor of Pharmacology in the University of London. Fifth edition. Cloth. Pp. 744, with 61 illustrations. Philadelphia: Lea & Febiger, 1910. (Price, $3.75 net.)

There is little call for favorable comment on such a book as this for the profession recognizes that it is authoritative and that each new edition embraces all that is latest on the subject. The profession generally recognizes also that there is little danger that we will have too many books of just this character, or that we will become too well acquainted with drugs; the danger is markedly in the opposite direction, and it is a very real danger at that. Men like Professor Cushny would have the profession know the agents which they employ, or should employ. We could wish nothing better for each and every one of our readers than that they might devote so much time to this volume that they would feel in a considerable number of the remedies discussed tried and dependable friends. Dr. Cushny speaks of the character and action of drugs with a decisiveness which is convincing and which is refreshing in these days of freely expressed skepticism. It is many a day since we have received a book which is so really worth while.

Bismuth Paste in Chronic Suppurations; Its Diagnostic Importance and Therapeutic Value. By Emil G. Beck, M. D., Surgeon to the North Chicago Hospital, Chicago. With an introduction by Dr. Carl Beck, and a chapter on the Employment of Bismuth Paste in Sinus Disease of the Nose and Ear by Dr. Jos. K. Beck. Cloth. Pages 237. Profusely illustrated. St. Louis: C. V. Mosby Co., Publishers. (Price, $2.50.)

The profession has felt a tremendous interest in the bismuth paste treatment of sinus and other diseases since it was first announced and results from its employment have been so flattering as to have increased that interest. Until the publication of this volume there has been no place where one could go to get a complete survey of the subject, and many have attempted to employ the agent after reading, perhaps, but a single and brief monograph. Now that the subject in extenso is obtainable we can expect a general adoption of the method of treatment. Dr. Beck and his collaborators have gotten up a volume which is filled with practical suggestions and one which makes it entirely possible for any physician who will study to undertake this treatment with reasonable assurance of success. It is a valuable addition to medical literature.

Modern Treatment; The Management of Disease with Medicinal and Non-Medicinal Remedies. By Eminent American and English Authorities. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia, etc.; assisted by H. R. M. Landis, M. D., Medical Director to the Phipps Institute for Tuberculosis and Physician to the White Haven Sanatorium. In two very handsome octavo volumes, comprising 1800 pages, with numerous engravings and full page plates. Philadelphia and New York: Lea & Febiger, Publishers, 1911. (Price per volume in cloth, $6.00, net; half morocco, $7.50, net.)

Scarcely two months have passed since the appearance of the first volume of "Modern Treatment," and now the work is completed by the issue of the second. From its inception a year ago this enterprise has been characterized by sagacity in its plan, by good judgment in the choice of the right man for each subject, and by unapproached energy in execution. Accordingly it is simultaneously fresh throughout.

Digitized by Google

and justifies its title to the fullest extent, for every line is new and up to date, and the two volumes cover the whole field of present-day practical medicine in the most authoritative fashion. It is a unique opportunity, therefore, that is now offered to the profession to acquire the pith and essence of modern therapeusis in a form for instant reference. The work will find its natural place on the physician's desk rather than on his shelves, and is a handbook of helpful information for daily use rather than an encyclopedia.

This volume covers the treatment of parasitic, circulatory, digestive and respiratory diseases, those of nutrition and the diathesis of the nervous system and genito-urinary apparatus, the skin, the eye and the ear.

Already nearly 6,000 bodies of victims of the plague have been buried or burned in the outskirts of Harbin, 4,800 of which came from the Chinese town and 1,000 from the Russian quarter. February 4 sixteen stack of coffins and seven pits filled with bodies and oiled logs, blazed outside the town. The mortality among the hospital attendants is high, considering the means taken for their protection, and doctors and nurses and orderlies are succumbing to the disease.

"The International Medical Association to Aid in the Suppression of War" will assemble in congress during September, 1911, in Paris, at a date which will be fixed later and which will be communicated to all those interested. The medical men who desire to attend this congress are asked to be good enough to send in their adhesion, as soon as convenient, to the headquarters of the association, at the address of the president, Dr. J.-A. Riviere, 25, rue des Mathurins, Opera-Paris.

All doubts as to what shall constitute the requirements for taking an examination to practice medicine in Indiana have been removed by the State Board, of Medical Examination and Registration. At a meeting lately held the board decided that all applicants for examination must have graduated from a regularly commissioned high school, and must have received half the number of college credits necessary to a bachelor's degree in course of liberal arts or science. The only required subjects are two years of English and one year each of chemistry and biology, one of which shall be college work. These requirements will take effect January 1, 1912.

HOSPITAL DEPARTMENT, CITY OF ST. LOUIS.

Notice is hereby given that an examination for the position of interne in the Hospital Department will be held at the Infirmary, 5800 Arsenal Street, St. Louis, Mo., on Monday, March 6, at 9 a.m. Candidates for this competitive examination should be present at the place named not later than 8:45 a.m.

Questions will be asked in Anatomy, Physiology, Pathology, Materia Medica, Gynecology, Obstetrics, Medicine and Surgery. The examination will be oral, practical and written. The questions will be answered under a nome de plume or number.

On receipt of letter of application, with credentials as to preliminary education, general reputation, etc., cards of admission to the competitive examination will be furnished by mail or on personal application at the office of the Hospital Board and Commissioner, 11th and Chestnut streets.

The appointments made on basis of the competitive examination will be effective in June, and all appointees must be graduated physicians and must qualify, by registering in the State of Missouri at the first opportunity, before or after appointment. Senior students about to graduate are eligible, provided they are graduated by June, 1911. About fifty vacancies will be filled.

No salary is provided for internes; the clinical opportunities are exceptionally good and the remuneration under the present laws is confined to board, lodging and laundry in the institutions of the Hospital Department.

A second examination will be held in June for the positions of resident physician, resident assistant physician and dispensary physician, and probably also internes.

Resident physician must have had at least two years' hospital experience; salary, $100 per month, with board, lodging and laundry.

Resident assistant physician must have had at least one year's hospital experience; salary, $50 per month, with board, lodging and laundry.

Dispensary physician, salary $100 per month, without board, lodging and laundry.

These examinations are open to all graduate physicians, who are citizens of the United States and who possess the above qualifications, and senior students about to graduate.

Any further information desired will be furnished on request.

JOHN C. MORFIT, M. D.
Hospital Commissioner.

Digitized by Google

WHAT THE MEDICAL EDITORS ARE SAYING.

The Conquest of Syphilis.—There has been apparent of late a more conservative tendency in the rating of Ehrlich's arsenical preparation as a remedy for syphilis, though it is still acclaimed in some quarters as a sure and speedy cure. The frequent return of the Wassermann reaction within comparatively short periods after injections of salvarsan, as was set forth by Dr. MacRae in our issue for December 31st, and as has been witnessed by many observers, has doubtless contributed powerfully toward the assumption of a more or less skeptical attitude in the part of clinicians who have not allowed themselves to be carried away by unreasonable enthusiasm. Nevertheless, the overwhelming mass of testimony is still to the effect that salvarsan is a remedy of wonderful efficiency, even if its effects should turn out to be only temporary.

That in the great majority of instances salvarsan should so speedily and so entirely do away with the manifestations of syphilis, and yet that there should remain or recur indications that the disease is not radically overcome, has seemed to call for an explanation. An explanation which is at least plausible has now been furnished by Dr. Pollitzer, whose article on the general subject will be found in this issue of the Journal. The article is of distinct value from all points of view, but it seems to us to be of exceptional importance by reason of the author's ingenious suggestion that, while those spirochaetae that are actively pathogenic are killed by the remedy, there are others which have assumed or may assume a resting stage in which they are not affected by the remedy, but from which they may subsequently emerge with renewed powers for harm. This hypothesis is plentifully supported by analogous occurrences in the life history of other protozoans, and we see no reason to question its adequacy to explain the facts thus far observed.

If it is found that Dr. Pollitzer's hypothesis is well founded, it may presumably be hoped that a fresh resort to the Ehrlich treatment on the recurrence of syphilitic manifestations, repeated as often as may be necessary, will lead to the final extermination of the disease in any suitable instance. If this should prove to be true, we have indeed in salvarsan a remedy from which almost the eradication of syphilis may be expected to take place ultimately. Thus will be realized, though after a modified ourse, the hopes of those who now appear somewhat over enthusiastic. A distinct conquest of syphilis will have been effected. Then there are to be considered the recent reports of successful attempts to prevent syphilis after exposure to the infection. Some months ago we commented on such successes in the United States Navy, and quite recently on young Maisonneuve's heroic submission to an experiment calculated to test the efficacy of the local use of a mercurial preparation in the prevention of syphilitic infection after inoculation. In his case, of course, the test was simplified by the experimenter's definite knowledge of the site of inoculation, whereas in actual practice more extensive surfaces would have to be treated in order to make sure of reaching the point of casual inoculation. We do not expect that the result of these curative and preventive measures will be to banish syphilis from the face of the earth, but surely we may hope for its curtailment to a notable degree. —N. Y. Med. Jour., Feb. 4, 1911.

Pruritus.—Skin diseases have been divided into two classes, those which itch (eczema, scabies, dermatitis, miliaria, herpes, urticaria, erythema multiforme, prurigo, pediculosis, etc.), and those that do not itch. Pruritus secondary to eczema, says Jackson, may at times be difficult to distinguish from pruritus proper, with eczema resulting from scratching for the relief of itching. The absence of insects (or their marks) from body or clothing and of wheals or their history goes far by exclusion toward establishing a diagnosis of primary functional disturbance of the skin, that is, true pruritus which is a rather rare general affection—Bulkley found only 80 cases among 5,000 patients.

The causes of primary cutaneous pruritus are manifold and often difficult to discover, and even more so to remove. Orificial (particularly anal and vulvar) itching is commonly due to irritating discharges; for example, diabetic urine—or to interference with the return of venous flow, as in heart, liver or lung disease, constipation, hemorrhoids, pregnancy and pelvic tumors. Retained catabolic poisons circulating in the blood, notably bile pigment, are important exciters of generalized pruritus. In sensitive subjects both heat and cold give rise to itching sensations, and a change of weight or texture in underclothing has a similar effect. Neurasthenic pruritus usually follows mental exertion or nervous disturbances. Reflex irritation, as from pessaries, pinworms, retained smegma about clitoris or glans penis, anal fissure and rectal

Digitized by Google

polypi is frequently responsible for local, adjacent pruritus. Senile degeneration of the skin and mucous membrane (kraurosis vulvae) sometimes presents a condition of pruritus very intractable to all treatment.

The internal treatment of general pruritus comprises, first of all, active eliminative measures (saline laxatives in constipation and nephritis, cholagogs in hepatic derangements, sulphur and salicylates in diabetic, gouty and rheumatic cases, pilocarpin in senility), along with the avoidance of tea, coffee, alcoholics, meat broths, gravies, rich desserts and pastries, sweetmeats, pork, pickles, and oatmeal or other coarse, indigestible foods. Also to be avoided are all opiates, quinin, ergot and copaiba. Many remedies have been recommended for internal administration because of their supposed anti-pruritic effect. Among these may be mentioned antipyrin, acetanilid, phenacetin, sulphur, arsenic, phenol (1 to 3 m. in glycerin and sherry after meals—Schamberg), chloral, bromids, gelsemium, cannabis indica (senile pruritus), ichthyol (menopause) and strychnin (debilitated subjects).

The local treatment of pruritus usually gives more prompt relief than do medicines by the mouth. For local application carbolic acid takes first place, by common consent of dermatologic authorities. It can be used (except in young children) in aqueous solution (one to four drams to the pint), or in oily mixtures—Morris recommends a 5 per cent solution in olive oil. Bronson prescribes a lotion of one dram each of phenol and liquor potassae with one ounce of linseed oil and bergamot to flavor. It should be applied by dabbing on, not rubbing, or by wetting an overlying cloth. Phenol solutions (5 to 20 grains per ounce of water and a little glycerin) may be sprayed upon the part, or we may order instead a spray of menthol, 2 to 10 grains to the ounce of alcohol (Crocker). Lotions containing alkalies (borax, sodium bicarbonate or potassium carbonate) occasionally give relief. Dilute alcohol, witchhazel, vinegar, spirit of camphor, sweet spirit of niter containing sugar of lead, saturated boric acid lotion or sodium hyposulphite (an ounce to the quart of water—Osler) may at times be of service. On circumscribed itchy localities (not mucous or mucocutaneous) Van Harlingen employs the oil of peppermint. Liquor picis alkalinus (one ounce caustic potash, two ounces tar and five ounces water) is a time-tried remedy in chronic eczematous pruritus. Bulkley's antipruritic powder consists of one dram each of camphor and chloral (liquefied by rubbing together) added to one ounce of starch. Ichthyol ointment, creosote ointment (30 m. per ounce—Shoemaker) and other unguents are usually disagreeable to fastidious patients, but are more suitable for orificial application, one of the best for anal pruritus being a dram of calomel in an ounce of petroleum oil. Anal and vulvar pruritis is often greatly relieved by painting with tincture of iodin or silver nitrate solution, 20 grains per ounce (Gant). In scrotal pruritus Hardaday pencils with silver nitrate in sweet spirit of niter (16 grains per ounce). A good antiseptic and parasiticide ointment is petrolatum containing 2 per cent salicylic acid or 2 per cent to 5 per cent betanaphthol (Pringle). Dusting powders (starch, zinc oxid, talcum, bismuth subnitrate, zinc stearate) are especially called for in obesity and prickly heat.

General baths with soda (one-half pound to 30 gallons) or nitric or hydrochloric acid (one ounce to 30 gallons) are considered of great service by Jackson. After the bath the body should be dried by wrapping in a warmed sheet and patting the skin dry, next smearing the skin with vaselin and powdering with cornstarch from a flour dredger. Very hot water or plain vapor baths may likewise afford great comfort. Many persons feel compelled to wear linen or silk next the skin. In some obstinate cases of general or vulvar or scrotal pruritus Jackson affirms that marked amelioartion may be obtained by the actual or Paquelin cautery applied lightly to the spine or to the parts concerned.—Denver Med. Times, February, 1911.

The Philadelphia Smallpox Scare.—A rigid quarantine was put in force in Philadelphia on January 30th, on account of the discovery of a case of smallpox in the tenderloin district. That section was roped off, and every one found within the police boundary was compelled to submit to vaccination. The health officers waited until 4 o'clock in the morning before beginning their work, so as to catch the residents at home. At that hour one hundred physicians, accompanied by large details of policemen entered the district, which also includes Philadelphia's Chinatown, and began vaccinating. It is estimated that 3,000 persons were vaccinated. While the physicians were inside the ropes, which enclosed a territory of ten blocks, hundreds of policemen stood on guard and permitted no one to escape.

Digitized by Google

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Arrests for Spitting.—The crusade against spitters in New York City has been very active of late and many offenders have been arrested and fined. According to a bulletin issued by the National Association for the Study and Prevention of Tuberculosis, 3,421, arrests were made during 1909 in 80 cities, for breach of antispitting laws, and resulting in over 2,900 convictions and the collection of $4,100 fines. Of these the city of New York secured 2,513 arrests, 2,099 convictions and $1,936 fines. In St. Louis between Jan. 5 and April 29, 1910, 352 arrests were made, resulting in $2,357 fines.

Insanity in New York State.—The annual report of the N. Y. State Commission in Lunacy, transmitted to the Legislature on January 31st, states that the number of insane in the State on September 30, 1910, was 32,658. The number in the State hospitals was 31,606, in licensed private institutions, 1,052, and in Matteawan and Dannemora institutions for criminals, 1,161. The total number of patients received during the year was 7,063, the net increase for the year in all the institutions being 1,119. The total receipts for maintenance amounted to $8,173,793.39, while the disbursements amounted to $7,640,402.04. The annual maintenance cost was $189.14 per capita.

Leprosy Control.—Secretary Ballinger of the Department of the Interior has asked Congress for an appropriation of $30,000 in order that he may deal adequately with the numerous cases of leprosy that have appeared recently in Alaska. As Alaska has no quarantine laws, nor any means of affording protection from communicable disease of any kind, and as there is continual danger from Eskimos, Aleuts, and Indians, who are ignorant of the first principles of hygiene, Governor Clark of Alaska urges that the Marine Hospital Service be authorized to take jurisdiction of the cases.

Vital Statistics of New York for the Year 1910.—During the year 1910 the total deaths from all causes reported to the Department of Health of the City of New York numbered 76,742, corresponding to a death rate of 15.98. This rate is a trifle lower than that of 1909, which was 16.0, and is the lowest rate recorded for the city. A comparison of the death rate for 1910 with the average rate that prevailed for the preceding ten years, that is, from 1900-1909 inclusive, shows that, had this average death rate continued during the year 1910, there would have been 13,066 more deaths than were recorded. It is found upon analysis that all causes of death which are amenable to sanitary control show a decrease, among the more prominent of these diseases being the following: Tuberculosis, with a decrease of 14,80; diarrheal diseases under five years of age, 1,151; diphtheria and croup, 608; typhoid fever, 258; whooping cough, 167; measles, 165; malarial fevers, 93; smallpox, 89; scarlet fever, 32. Other prominent causes showing decrease were apoplexy 1,974; pneumonia, 2,203; acute bronchitis, 850; Bright's disease and acute nephritis, 1,317; inccidental deaths, 773; suicides, 153. The diseases showing increases were: Cancer, 230; organic heart diseases, 93; cirrhosis of the liver, 25; appendicitis, 23, and homicides, 63. The deaths of children under five years of age numbered 6,022 less than

Digitized by Google

during the preceding year. During the year 1910 there were 129,080 births, which is the greatest number of births ever reported in the history of New York corresponding to a birth rate of 26.55 in a thousand of population. The marriages reported numbered 46,417, as against 41,513 during the year 1909, an increase of 4,904.

The Plague Situation in Manchuria.—According to press despatches from Harbin, Manchuria, dated February 5th, nearly six thousand victims of the plague have been burned or buried in the outskirts of the town. Nearly five thousand of these came from the Chinese town, and the remainder from the Russian frontier. The mortality among the physicians and the hospital attendants is high, considering the means taken for their protection, and doctors, nurses, and orderlies are succumbing to the disease. The sanitary authorities hope soon to test serum of their own manufacture from the Manchurian bacilli, as the foreign importations have proved ineffective. Added to the horrors of the plague, eight thousand Russian workmen on the Eastern Chinese Railway, fearing the disease, have gone on strike because the administration refused to dismiss fifteen hundred Chinese laborers and provide passes to enable the families of the Russians to return to their own country. The strikers have been paid off and will, with their families, be evicted from their dwellings. Troops have been called out and have been stationed all along the line for the purpose of protecting the Chinese.

Infantile Paralysis.—Since last November, when infantile paralysis was officially classed by the New York City Department of Health as communicable and physicians were required to report it as such, sixteen cases have occurred in the city: seven in the Bronx, seven in Brooklyn, and two in Manhattan. Queens and Richmond have been free from the disease. A number of cases have occurred also in the northern part of the State and the Rochester Academy of Medicine has asked State Commissioner of Health Porter to undertake an investigation and has petitioned the State Legislature for funds to carry on the work. Such appropriations have already been made by the legislatures of several other states. The resolution adopted by the Rochester Academy declares that infantile paralysis is prevalent in Canada, along the Niagara frontier, and that because of the constant intercourse between Canada and New York there is great danger of infection. It is suggested that an agreement as to quarantine of the disease between Ontario and New York would be most desirable.

An Improvement in Audiometers.—Francis A. Faught, Philadelphia, Pa. (Med. Rec., Feb. 18, 1911), describes an improved audiometer, based upon the principle that sounds producey within a particularly air tight cavity may be conveyed by flexible tube to the ears, these sounds when just audible giving the acuity of hearing. The intensity of sounds is varied at will.

Fresh Fish in Copenhagen.—When a person buys fresh fish in Copenhagen he really gets it. More than that, he gets uncontaminated fish. The sewers used to empty into the sea at the nearest convenient points. Now the sewage is collected into a main trunk line and carried two kilometers out to sea before it is released. Thus there is no longer any contamination of the harbor or the sea front. This not only puts an end to the nuisances that used to arise, but enables boats full of live fish to come close to shore and right into the town by means of the salt water canals. In this manner at least the smaller fish are kept alive until the moment they are sold. Any number of wooden boats are pierced with holes and filled with fish. These boats just float on the surface of the water, and the living fish is taken out of them when wanted. But as every one cannot go to the water's edge to buy fish there are water tanks on wheels and the live fish are brought to the doors of the people's houses. The principal fish market was built by the municipality and is let to a wholesale fish salesman. It is a delight to see how clean and bright these premises are kept. There is no spreading the fish on slabs so that dust and dirt may settle on them. Very pretty tessellated tile tanks are filled with running water, and here the smaller fish swim about. The larger fish, such as cod or halibut, are too cumbersome to keep alive, and are therefore placed in the cold storage rooms. Not only are the fish fresh, but they are generally very well, sometimes even artistically, cooked. At Copenhagen the domestic servants' trade union has instituted a school where members of the union are taught how to be clean and neat, how to sew, to wash and starch, and above all, how to cook. A little restaurant is attached to this school where any one can have a cheap meal, thus giving the pupils an opportunity of exercising their art.—London Lancet.

Subscribe for the Medical Fortnightly.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, FRIDAY, MARCH 10, 1911 No. 5

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M: D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

THE RELATION OF THE EYE TO THE NERVOUS SYSTEM.*

E. E. CLARK, M. D.

DANVILLE, ILL.

Eye, Ear, Nose and Throat Surgeon to Lake View Hospital.

It is generally conceded that a knowledge of neurology is indispensable to the ophthalmologist and that an acquaintanceship with ophthalmology is of the greatest service to the neurologist. While it may be impossible for a physician in general practice to be at the same time an ophthalmologist and a neurologist, it is quite possible, and indeed essential, that he should be aware of the extent, as well as the limitation, of the knowledge of these two specialties and the aid they may offer him in the recognitions of diseases.

So many general morbid processes are announced by some minute change in the nervous system, and such unusual opportunities of studying alterations in the vascular system are presented in the eye, that the value of a clear understanding of diseases of these structures cannot be overestimated, and the necessity for proper training in the methods which lead to its recognitions, cannot be too strongly insisted upon.

*Read before the Vermilion County Medical Society, May, 1910.

The relation between the eye and the nervous system are mutual, it is rare to find eye diseases, aside from muscular and refractive irritations, the starting point for diseases of the nervous system, much more frequently diseases of the nervous system, especially of the central organs, cause disorders of the eye, these may be of a functional character or may be objectively visible, such as stasis, inflammation and atrophy of the optic nerve, exophthalmus, spasm and paralysis of the ocular muscle are the functional disturbances of the eye often constitute important local symptoms and are indispensable in the local diagnosis of brain diseases; on the other hand the changes visible with the ophthalmoscope in the optic nerve, retina and vitreous body are of more general character, and usually enlighten us rather as to the character than the location of the disease in the brain.

From lack of time I am compelled to assume that you have in mind the anatomical details of the connection between the eye and the nervous system. One of the important points to remember is that the cerebral meninges pass directly into the sheath of the optic nerve and indirectly into the covering of the eye. This subject is of sufficient magnitude and importance to fully justify a whole evening to itself, so in a ten minute paper I will have to select a few features, leaving much of interest and importance for another time and occasion. I believe we can profitably spend a few minutes on pupillary reactions, arteriosclerosis and hysteria. The iris is the terminal portion of the vacular tunic. Its free border, which describe a circle enclosing the space known as the pupil, rests on the anterior surface of the crystalline lens.

The bundle of nerve fibers that enter the iris is derived from the ciliary plexus that lies in the ciliary muscle; three kind of fibers are given off from this plexus: (1) the sensory; (2) the motor; (3) the symphatic. The motor fiber from the third nerve passes to the sphincter pupillae, the symphatic fiber passes toward the dilator and are supposed to supply it. The size of the pupil normally varies in different individuals and in different degrees of illuminations. We examine the pupil by simple inspection in moderate illumination, by oblique illumination and with lenses.

The reaction of the pupil to light is ex-

Digitized by Google

cited (1) by the direct entrance of light, known as the direct light reflex; (2) by the entrance of light into one eye, the observed eye being shaded—the indirect or consensual light reflex. Both reflexes are due to the integrity of what is termed the light reflex are, which consists of fibers running from the retina to the brain, known as centripetal fibers, and fibers running from the brain (nucleus of the third nerve) to the iris; centrifugal fibers, the fibres of the pupillary light reflex arc undergo semi-decussation in the chiasm.

You are well aware that to test the pupillary reaction both eyes must be covered and then the eye under examination alternately covered and exposed to bright light; if now the other eye can be observed under the cover the pupil will be seen to dilate and contract rhythmically with the other pupil that is being alternately covered and exposed.

A one side lesion of the retina or optic nerve causing blindness will abolish the direct pupillary light reflex on that side and also the consensual light reflex in the good eye.

You know that the nerve fibers presiding over pupillary contraction are filaments of the third nerve passing to the circular muscular fibers of the iris.

The dilator mechanism of the eye is presided over by fibers from the dilator center in the cord. When certain cases confront us we immediately investigate the pupil and the main points we look for are dilatation or contraction of the pupils, loss of reaction to light, accommodation or convergence and a difference in size on the two sides. Now what does the finding of one or more of these conditions mean?

The Argyle-Robertson pupil is probably the most familiar to us where there is loss of reaction to light usually on both sides and usually reaction to accommodation and convergence is maintained. According to Gowers this sign appears in 80 per cent of cases of tabes; Stern 90 per cent. This is probably the most valuable pupillary sign we have. This sign is found in 1.8 per cent of cases of multiple sclerosis, 1.2 per cent of injuries to the head; paronia and epilepsy 1.2 per cent. In a large per cent of the tabetic cases the pupil is also contracted. These two signs certainly give us an early and fairly certain indication of what is coming to the patient and a number of prominent observers of these conditions are of the opinion that the above signs are always due to syphilis. Jaffray has observed it in aortic diseases and P. Maria regards this form of pupil as evidence of diseases of the posterior columns of the cord which may or may not be syphilitic.

Loss of convergence and accommodation reflex alone has been seen in syphilis, basal meningitis, progressive paralysis, myelitis and tumors of the corpora quadrigemina, this may effect one or both pupils.

No definite date can be laid down on which to apply pupillary reaction. One should ever have at hand a good diagram of the anatomical relations and remember that the third nerve controls the contractile mechanism, and the cervical sympathetic the dilating mechanism. Irritative cerebral lesions thus produce contraction while lesions which destroy cerebral function produce morbid dilatation. Lesions of the spinal cord and sympathetic produce results just the revearse, i.e., irritative lesion dilate paralytic lesions contract.

The state of the pupil in tumors, hemorrhage and inflammatory conditions of the brain may thus furnish us with most serviceable indications of the extent and destructiveness of the disease or injury. A unilateral abnormal pupil, of course, indicates a lesion of the corresponding half of the brain. Pupillary signs are always to be considered only one feature of a set of symptoms complex. These symptoms will tell you if it is a cerebral lesion, and the state of the pupil will likely tell you if it is a beginning lesion in the irritative stage, or has gone on to paralysis or destruction. The same will apply if the symptom complex tell you it is a lesion involving the cord or cervical sympathetic.

Now listen to what Edward Jackson says after an extensive searching of the literature, together with his own personal experience: "An enormous amount has been written about the pupil, some of it contradictory, most of it indefinite, and often what has been positive and definite has been mistaken and misleading, the pupil furnishes no pathognomonic symptom of general diseases. It does not finally settle any doubtful question of diagnosis. The practitioner who expects it to make the diagnosis for him, or who relies on it to give him positive information of the approaching results, is sure to be disappointed."

Swanzy says: "The condition of the pupils, whether normal, contracted, or dilated, is of very slight significance or value in the diagnosis either in the position or of the kind of any intracranial lesion."

Ballantyne sums up the matter thus: "None of the pupillary phenomena, with the exception of the total absence of the

Digitized by Google

reflexes, seem to be of any value as regards diagnosis or prognosis."

We must not get the notion that these gentlemen would have us to ignore the pupil in disease. They, I think, refer to the pupil alone, but taken as a part of the symptom-complex it can, and does, afford us valuable information.

The eye symptoms of hysteria are as numerous as there are possibilities for deviations from the normal, and to go over them would be simply to take time to recount all functional and organic diseases of the eye and its appendages. Fortunately those hysterical eye manifestations simulating blindness do not show, with the ophthalmoscope, any of the pathological changes seen in true blindness. Occasionally grey discoloration of the nerve head has been observed, but here it is strongly suspected that tabes or multiple sclerosis is also present.

My greatest aid in diagnosis of hysteria has been a look out of the patient's eyes that cannot be described with tongue or pen, which coupled with the circumstances is seldom fallible.

There are a few ocular phenomena which until recently have not been classified as hysterical. Anesthesia of the conjunctiva of the left side, more particularly the bulbar conjunctiva, has been found so constant that it might be regarded as characteristic; it may be the entire conjunctiva or only certain areas. Bloody tears from the external angle of the eyes have been noticed; excessive secretion of tears, sometimes paroxysmal in nature, is frequent in hysterical patients, and its frequently accompanied with spasm of the orbicularis.

Hyperesthesia of the retina may be present. Enlargement of the retinal veins and serous exudate into the retina have been recorded by Landolt.

In touching on arteriosclerosis we must remember that it is a general condition as well as involving the central nervous system. Arteriosclerosis is one of the things which creeps on insidiously, and the importance of an early diagnosis is only too vividly brought to our minds by the frequency with which men, at or past middle life, in apparent good health, fall disabled or dead during the regular daily routine of life. During the latter part of 1908 and the early part of 1909 two different gentlemen, past middle age, consulted me regarding glasses for near work, when I came to the ophthalmoscopic part of the examination I fonud such marked vascular changes in the fundus of the eye that I predicted approaching death—both died during 1909 Had these vascular changes been looked for and recognized, say ten years earlier they might have had ten or fifteen years added to their usefulness.

Since the various organs of the body require uninterrupted blood supply and since in arteriosclerosis the proper blood supply is interefered with, we would expect to find in the eye those changes following impaired nutrition.

Marcus Gunn says: "Ophthalmoscopic examination is one of the most ready clinical means for the early detection of important arterial changes." DeSchweinitz says: "So far as I am aware, the ophthalmoscopic signs which are seen in the eye are produced by no other condition except the persistent high arterial tension of arteriosclerosis, and, therefore, eye ground examination is of paramount importance in the early recognition of vascular disease and may render signal aid in the function of important organs, which in their turn are dependent upon sclerotic changes in their smaller vessels, although there is not as yet any decided alteration in the general circulation." This has long been a recognized fact among ophthalmologists.

Inasmuch as the retinal vessels are so directly visible, they offer a large field of valuable data which has been too often overlooked, it seems quite possible that the disease could be recognized much earlier and it is not too much to hope that the progress of the disease could be retarded if not completely arrested.

DeSchweinitz gives the following definite description of the fundus findings: "The suggestive signs include uneven caliber and undue tortuosity of the retinal arteries, increased distinctness of the central light streak, an unusually light color of the breadth of the artery, and alterations in the course and caliber of the veins.

The pathognomonic signs include changes in the size and breadth of the retinal arteries of such character that a beaded appearance is produced; distinct loss of translucency; decided lesions in the arterial walls, consisting of white stripes; alternate contractions and dilatation of the veins, and particularly characteristic is the indentations of the veins. Where a stiffened artery lies across the vein. Sometimes the vein is simply flattened at the point of crossing, or merely pushed aside, or its calibre is contracted, so that beyond the point of crossing there is an ampuliform dilatation. There may be changes in the vessel walls so that the veins appear bordered with a white streak, the veins may be tortuous and show varicosities, there

Digitized by Google

may be edema of the retina in the form of grey opacities around the disc or following the course of the vessel, hemorrhages appear as linear extravasations, or roundish infiltrations, or sometimes assumes a drop-like form. Multiple punctate or pinhead hemorrhages into the retina, particularly at vessel terminals and in the bifurcations of the vessels, or where they cross one another, should lead one to suspect either a general or cerebral angio-sclerosis, there may be arterial or venous pulsation; any arterial pulsation in the retina is at least suspicious, if not indicative, of some cardio-vascular implication. A marked venous pulsation at the disc is perfectly physiological.

Conjunctival hemorrhages are of equal importance. Repeated conjunctival hemorrhages in the middle-aged and aged are frequently indicatives of the liability to cerebral hemorrhages. Indeed conjunctival vessels often demonstrate the early stages of angiosclerosis. Should its process be incipient then the application of adrenalin will make the tortuosities or calibre difference more pronounced, at times an apparently straight vessel, by the aid of adrenalin, assumes a contour not unlike multiple miliform aneurism. Should these points be found, then no doubt remains as to the correct diagnosis, particularly so, should there be any abnormality ever so slight in the first and second heart sounds. "An increased arterial tension is not necessarily an associated factor, as conditions other than arteriosclerosis may give rise to it; on the other hand, a persistent high arterial tension, associated with one or more of the ocular vessel manifestations mentioned above, is likewise strongly indicatives, if not perfect proof of an arteriosclerosis, it is the early diagnosis we are after, and if we can keep some of the above facts in mind we could add ten to fifteen years to the life of some individuals."

313 The Temple.

Physicians in the Penitentiary. — Dr. William H. Johnson, Lincoln, Neb., is now in the penitentiary, the Supreme Court, on January 11, having affirmed the sentence of two years' imprisonment for complicity in the death of Amanda Mueller, who died from the effects of a criminal operation. Dr. Andrew A. Pew, Dayton, Ohio, began on December 27 a five years' imprisonment in the penitentiary in Columbus, having been convicted of performing an illegal operation.

ILEUS PARALYTICUS RELIEVED BY OPERATION.*

CLARENCE W. MCELHANEY, M. D

GREENVILLE, PA.

Instructor in Surgery at the American Medical College, St. Louis.

Probably the most dreaded complication following abdominal section is the condition termed ileus. Whether it be produced by a mechanical obstruction, such as kinking of the bowels, or the formation of adhesive bands which restrain the natural movements and evacuation of the intestinal contents, or the intestine becomes paralyzed from extensive manipulation or mild infections of the peritoneum or, if such a thing be possible, from absorption of toxic materials from the intestine the result is the same; if the condition is not soon relieved the patient will surely pass beyond all human help. The uncertainty of making a positive diagnosis, even when the symptoms are those classed as pathognomonic, makes the situation most distressing for the attending surgeon as well as the patient. I shall not weary you with a recital of the symptoms, differential diagnosis, prognosis and treatment of ileus which are laid down in the standard text-books of surgery, but wish to relate the following case in which we made the diagnosis of paralytic ileus, and the subsequent history seems to confirm our opinion.

I first saw Mrs. P. on May 10th, 1909, with Dr. Jackson of Hadley, Pa., who had been called in the previous week and requested that I be called for my opinion as to the advisability of performing laparotomy. We found a fairly well nourished woman of 57, nine years past the menopause. She never had had any sickness except those common to childhood. She has two children, 22 and 20 years of age respectively; no history of miscarriages. Father and mother both died at advanced ages, and rather suddenly. One sister died at 60 of cancer of the stomach and a cousin died at 60 of cancer of the face. The patient first noticed her abdomen gradually enlarging about nine months before our examination. Since about a month ago the increase has been very marked and gives her great distress. There had been absolutely no pain or discomfort until the abdomen commenced to increase so rapidly shortly before Dr. Jackson was called to see her.

At the time of our examination her abdomen was uniformly enlarged from the ensiform to the pubes and measured 42 inches

*Read at the Tri-State Medical Society, Sept. 13, 1910.

Digitized by Google

in circumference at the waist-line. The abdomen seemed to be filled with a dense fluid under great tension. Fluctuation was indistinct and pressure painful over the entire abdomen, no doubt due to the extreme distension. She complained of dyspnea on exertion. Her bowels were usually constipated and her appetite rather poor. Vaginal examination revealed nothing except a uterus rather fixed by pressure from above.

We told her that an abdominal section offered her the only hope of relief, and we advised it with no positive assurance that anything could be done for her. In a few days she sent word that she wished to have the operation done, but positively declined to go to the hospital. We afterward learned that she expected to die from the operation and preferred to die at home. As she lived six miles in the country a great deal of preparation had to be made; so I sent a very capable nurse out the day before. Under her supervision things were put into as good condition as could be in a country home.

On the morning of May 12th, with the assistance of Drs. Jackson, Elliott and Brown, I performed a laparotomy.

We found a large papillomatous cyst occupying nearly the whole abdominal cavity and crowding the intestines above and to each side. This cyst was filled with a thick, gelatinous fluid which accounted for the very slight degree of fluctuation elicited. Except for a small adhesion to the omentum there was little difficulty in removing it; the attachment to the right broad ligament was less than two inches in length. A large quantity of the contents was spilled into the abdomen during the removal and we washed the cavity with hot normal salt solution and closed with a gauze drain from the lower end of the incision to the cul-de-sac. The operation lasted about one hour and the patient was put to bed at 11:30 in a very good condition.

She rested well until about midnight, when she complained of so much pain that the nurse gave ¼ grain of morphine and 1-40 of strychnine hypodermatically. The patient rested comfortably until 7 a.m., when she vomited several times. At this time her temperature was normal; pulse 108. (Her pulse however, was 100 for several days prior to the operation.)

During the day following the operation she vomited at intervals, and complained a great deal of gas in the bowels. We ordered calomel, one centigram (grain 1-6), on the tongue every hour and strychnine 1-40 with physostigmine salicylate gr. 1-60 hypodermatically every hour for four doses, to be followed by an enema of magnesium sulphate and glycerine.

For several days her temperature did not go above normal except on the fourth day after operation when it was 100 and pulse 120. Next day it was normal again and she seemed to be in fairly good condition except that she vomited at intervals and complained of gas in the bowels.

Enemas of all kinds were used and salts by mouth but the bowels would not move, and on the seventh day after operation the nurse reported that the enemas were not expelled and gave the patient great distress.

In the morning of May 20 after consultation with Drs. Brown and Elliott (Dr. Jackson was unable to be present) I decided to reopen the abdomen expecting to find some sort of mechanical obstruction. Her temperature was 100; pulse 130 and her expression listless. Altogether she presented a picture that does not look good one week after abdominal section. She had been able to retain very little nourishment ever since the operation and there had not been a satisfactory bowel movement.

We gave her one hyoscin-morphine-cactin tablet hypodermatically and, by the time we had preparations made, she was sleeping soundly. A small quantity of chloroform sufficed while we reopened the incision which had healed without any evidence of suppuration.

After carefully exploring the abdomen we found absolutely nothing to account for the obstruction of the bowels. They were markedly distended with gas, but there was no evidence of peritonitis. I decided to drain the bowel, and did so by inserting a piece of rectal tube into the most convenient loop of intestine presenting itself. I secured the tube in the intestinal opening by a purse-string suture after the manner of draining the gall-bladder; I then sutured the intestine to the peritoneum and closed the abdomen by through-and-through sutures. Gas was expelled from the tube immediately and by the time I had the abdomen closed the abdominal distension was nearly gone and fluid fecal matter was discharging into the container.

The stomach was then washed out hurriedly and the patient put back to bed with a pulse of 150; and we thought the prognosis was not good. However, she rested well all the afternoon and slept most of the night. Next day the temperature was 100.8, pulse 120, where it remained for two days. The temperature then dropped to normal and pulse to 100. Strange to say

Digitized by Google

the patient had no further discomfort after the operation, and enemas caused expulsion of gas and fecal matter the third day after the second operation, Vomiting ceased immediately after placing the drainage tube and the patient asked for food as soon as she came out of the anesthetic. Liquid food was allowed in small quantities and was retained. About one pint of fecal matter was expelled through the tube during the first 24 hours after the operation. On the second day the patient complained so much of the odor from the drainage tube that I connected a piece of rubber tubing to the piece fastened in the bowel and carried it out of the window to a receptacle ten feet from the patient! Her bowels moved in this manner for about a week and she passed on an average a quart of fluid fecal matter through the tube each 24 hours.

There was quite a good deal of talk about my "feeding a patient in one township and evacuating her bowels in the adjoining one," but at the end of a week she was eating and sleeping well and her bowels were moving naturally by means of enemas. By this time the tube was so loose that I removed it and dressed the fistula with a tightly applied pad. This controlled leakage fairly well. With the exception of the excoriation from the discharge the patient felt well and sat up in a chair.

Convalescence was uneventful and rapid and with the exception of a very small fistula she is today in excellent health. I have tried to get her to consent to a closure of the fistula but she keeps putting it off; she is able to do most of her housework.

Our conclusion from the history of this case is, that, if there is such a thing, we had a pure case of paralytic ileus, perhaps from absorption of intestinal decomposition products. The marked improvement immediately following drainage, the entire absence of peritonitis or any mechanical obstruction when the abdomen was reopened, and the early resumption of normal bowel action following drainage of the intestine, seems to warrant the conclusion. Certainly as far as we could determine she was in a desperate condition prior to the second operation, and the immediate improvement following our procedure was so marked that we believe such a method of treatment justifiable in all similar cases.

It is my opinion that such a procedure would give enough relief to cases of extreme distension from peritonitis to justify doing it even if it did not save life. The extreme distress attending marked distension of the bowel is quickly and easily relieved to such an extent as to make our patients grateful for the relief at least. While this case is a rather unique one I am in hope it may bring out a general discussion both as to the occurrence of post-operative ileus and the best methods of treatment.

A Theory of the Etiology of Trachoma.—D. S. Kanstoroom, Brooklyn, N. Y. (Med. Rec., Feb. 18), brings forward a theory of the causation of trachoma that makes it non-contagious, referring its causation to chronic malarial infection. It is a reaction of the adenoid tissue of the conjunctiva to chronic malarial toxins and antitoxins circulating in the blood, and to some secondary infections in persons predisposed by race, heredity, and climate. The pathological process appears in three stages: chronic conjunctival congestions, follicular hypertrophy of adolescents and hyperplasia of the adenoid tissue of the conjunctiva. Trachoma is unknown among primitive peoples. Chronic autotoxemia following malarial cachexia through succeeding generations produces trachoma. Chronic irritation caused by elimination of toxins through the conjunctival adenoid tissue causes a reaction with hypertrophy of these tissues.

Epidemic Poliomyelitis.—Edward E. Mayer, Pittsburg, Pa. (Med. Rec., Feb. 18), states that pathological research has emphasized the existence of a severe toxemia in epidemic poliomyelitis. The virus has a predilection for nervous tissue, especially the anterior horns of the cord. Early diagnosis is very important. The main portal of entry of the virus is the nasal mucosa. Early prostration and helplessness are marked in this disease. Pain is frequent and slight rigidity of the neck is often noted. A rapid tremor and surface coldness are characteristic. Lymphocytosis of the cerebrospinal fluid is seen as well as of the blood. Lumbar puncture is an aid to clearing up the diagnosis. In treatment, counter-irritation and strychnia are contraindicated, and the patient should not rest on his back. Eliminative and supportive measures are needed. No electricity or massage should be given in the early stages. Hot baths relieve restlessness. In the stage of recovery we must prevent deformity by support of the paralyzed limbs and stimulation of the muscle masses by electricity. Exercises and play are to be arranged so as to bring into use the paralyzed muscles as far as possible.

Digitized by Google

PNEUMONIA.

GEORGE L. SERVOSS, M. D.
FAIRVIEW, NEVADA.

Although the "great white plague" is credited with greater dissemination of the human race than is any other disease, we find, upon reading the mortality reports that pneumonia is a close second, and in some parts of this country is to be blamed with more deaths than is tuberculosis. More especially is this found to be true in the altitudes of the Rocky and Sierra Nevada mountain ranges. In the rare atmosphere of that part of the United States pneumonia acts with great rapidity and death is liable to follow within a comparatively few hours after the initial symptoms are noted. The exposure to which a great portion of the people of the mountain countries submit themselves undoubtedly has much to do with the prevalence of pneumonia and other congestions and inflammations of the air passages. The men of this part of the country, while as a rule hardy, do not take care of themselves as do their brothers of the more settled portions of the east. Many of the cases of pneumonia may be traced to over-indulgence in alcoholics with subsequent exposure. In such instances, unless the patient is seen exceptionally early, death intervenes at a very early date. It has been said that happy terminations in pneumonia in the mountain country were the exception and not the rule, and that no one could anticipate carrying as many patients through to convalescence in such regions as would be possible in the lower altitudes. Much of the blame has been laid to the fact that the patient could not obtain sufficient oxygen from the rarer air to act properly upon the venous blood and that, because of this, the blood has been thrown into the arteries carrying products which should have been oxydized. This in a measure may be true, but probably no more so than is the case with patients suffering from pneumonia in the lower altitudes, where through lack of lung surface, the oxygen is shut off from the circulation to a greater or less extent.

Involvement of the lung tissue undoubtedly plays a greater part in the lack of oxydization than does the condition of the air itself. In the altitudinous country the air is invariably dry and that has been said to have been a factor in preventing recovery in pneumonia, that in fact it has had much to do with the high mortality. This may, in a measure, be true, but I have found that my patients in the high altitudes seem to suffer no more, either from the lack of oxygen in, or the dryness of the air, than did those coming under my observation in the low altitudes of the Mississippi Valley and great lakes country. In fact I believe that, when the circulation of air is good in the sick room, my patients have less trouble in breathing the rare air than was the case with the moist, heavy atmosphere of the lower countries.

In the mountain countries, as in the lower altitudes, systematic treatment undoubtedly plays an important part in bringing about happy terminations. Pneumonia is a condition which should never be treated according to any set line, as in no two cases do we find identical indications. In one case we may find marked heart involvement, while in another there may be but little involvement of the cardiac function. Delirium may intervene, accompanied by a low temperature in one case, while in another a high temperature will have no effect in clouding the mind of the patient. One case may show profound toxemia, while another may present no such feature. I have noted several cases in which there was every indication of toxemia and in which the temperature rarely, if ever, was above 103 deg. F., while in others, with the temperature ranging about 105 deg. F. showed absolutely no symptoms of any toxic condition whatsoever, other than that due to the specific infection. Consequently the treatment applicable in one case, would not have been indicated in another. In all cases, regardless of the argument advanced to the contrary, my initial action is to thoroughly clear the bowel of its contents, by the use of calomel and podophyllin, one grain of each, given in dosage of 1-6 grain every half hour, the last dose being followed within two or three hours to effect, or until there is no solid excretion from the bowels. With a pulse of 100 or higher and the temperature of 103 deg. F. I make an endeavor to bring the heart rate down to a point between 80 and 85 per minute by exhibiting aconitine amorphous in dosage of 1-134 grain every half hour, or at longer intervals, if the drug seems effective. If there is any tendency to heart involvement I have found that the addition of digitalin, grain 1-67 and strychnine arsenate or sulphate, grain 1-134, given in combination with the aconitine relieves me from any worry regarding the cardiac function. It has been said expectorants are practically worthless in pneumonia, but I have found that emetine, grain 1-67, given at half hourly intervals, relieves the patient of much suffering and allows of more easy excretion of the material thrown off by the

Digitized by Google

lungs. If there is little tendency to remove these excretory products through coughing, sanguinarine nitrate, grain 1-67, substituted for the emetine, at half hourly intervals, stimulates the cough and affords great relief. Codeine, in the earlier stages, not only sedates the cough but acts as an analgesic and antispasmodic in the relief of the pains of pleurisy, if that complication be present. Hot applications to the chest also act to relieve pleuritic pains. I have employed cotton wool jacket in some cases while in others they have not been applied, and the results obtained have been equally good in case for case. In some cases I have found that hot applications of kaolin-glycerine mixtures have given relief in pleurisy, while in others they have been apparently ineffective. When there have been symptoms of toxemia, due to other than the specific infection the substitution of veratrine, grain 1-134 for the aconitine, or when given in combination with the latter, I have found to bring about prompt change in the symptoms, the delirium disappearing as if by magic. In some cases, where delirium has been present from the start, I have employed veratrine as an initial remedy. At all times, throughout the course of the disease, I have administered morning doses of a saline sufficient to keep the bowels relaxed and free from toxic material which might be reabsorbed, for the simple reason that I have found that laxatives tend to assist the antipyretics in holding the temperature down to a low point and likewise overcome any marked tendency to general toxemia. In no instance, where I have been able to meet all indications as they have arisen and treated them individually, have I had any difficulty in bringing pneumonia to a happy termination. This has shown me conclusively that there is no set treatment for this disease and that the indications, rather than the named disease, should be the target against which we should fire our treatment ammunition. During the stage of resolution an iodine agent is indicated in numerous instances and I have found that iodized lime works well where resolution is slow in taking place. This is simply a mixture of lime and iodine and offers the iodine content in practically nascent condition and in greater quantities than is offered by the stable salts of iodine. During convalescence I find that a combination of strychnine arsenate, grain 1-134; iron arsenate, grain 1-67; quinine arsenate, grain 1-6 and nuclein, drops 4, to the dose, three or four times a day, acts well as a reconstructive tonic. This dose may be doubled if so indicated. Nuclein is an agent which is indicated, in many cases, throughout the entire course of the disease, as it stimulates leucocytosis and in that way acts as a synergist to the action of other agents, in that the phagocytes are increased and rendered more active.

Pneumonia has been styled a "self-limited" disease by many of the authorities, in that it is supposed to run a certain course, despite any medical interference. Such may be the case when the disease as a whole is treated, and that according to some set procedure, but when the individual symptoms, or indications, are met and combatted individually, there is no limit to be set upon the date of recovery. I have seen well established cases show recovery within three days after the initial symptoms and in no instances have my cases gone over seven days prior to the crisis. When seen in the incipient stage and where the disease has not been well established, a change for the better has frequently been apparent within twenty-four hours and recovery within thirty-six. Some have contended that such cases were not true pneumonia, and perhaps they were not, but I would be willing to wager that, had they progressed a few hours longer, they would have been true in every particular. As it was, they had all of the initial symptoms, and it was these upon which I based my diagnosis. I did not wait for a verification of the diagnosis by allowing the condition to proceed, and consequently am not in a position to say that all of the classic symptoms were present. The limit of the course of the disease was cut down in these cases by the promptness with which the indications were met. While I have had some cases of lung involvement during the past two years, I have not seen a single case of what might be deemed true pneumonia, as my patrons have been taught to call upon me immediately should the least indication pointing toward pneumonia appear. I neglected to say that, in no case, have I employed alcohol in any form, even with patients who have been habitual users, and my observations have been that patients do better without alcohol than with it. If a stimulant is required, I believe that strychnine is far preferable.

Alcohol has a secondary depressing action which is undesirable, especially in pneumonia, while the tonic action of strychnine prevails and without depression through the course of its exhibition. I believe that alcohol, while primarily stimu-

Digitized by Google

lant, heightens and prolongs asthenia, and that it consequently has a marked tendency to weaken, rather than strengthen, the patient, if employed throughout the course of the disease. Alcohol also has a tendency to increase toxemia, in that it interferes with many of the excretory functions, in addition to being an initial intoxicant in itself and I believe that many patients have been killed through the action of the alcohol given in pneumonia, rather than by the disease per se. It is a recognized fact that in health, those who are not prone to the use of alcohol habitually, are frequently intoxicated by minute quantities of that agent, and if such is true, and there is no way of controverting the fact, why should not this agent be equally intoxicating, if not more so, in the weakened conditions encountered in pneumonia.

In the treatment of pneumonia the cardinal points to be considered are the relief of pain, increased excretion and lowering of the pulse rate and temperature, with stimulation if necessary.

Prof. Bartholow used to teach that the best way to treat poisoning by corrosive sublimate, is to get all the eggs possible into the patient, and then bring about prompt emesis.

Is the Sterilization of the Habitual Criminal Justifiable?—Charles Edward Nammack, New York, thinks that if sterilization for criminals is to become general it must be voluntarily submitted to (Med. Rec., Feb. 11). As a punishment it is barbarous, degrading, and it is supposed benefits will not be realized, since the mental condition of the criminal will be bad, and he will have a thirst for vengeance. He will still be in a position to have connection, while he cannot procreate. The experiment has been made by one State. The author states that transmission of a criminal brain to the descendants of the criminal is impossible, since only physical abnormalities, susceptibility to certain diseases, and defects of development are transmissible, mental and moral defects being only acquired. Crime and criminality are acquired, the result of environment and parental unfitness. Mutilation of the criminal is characterized as indecent and absurd as a preventive of crime. Ethically and morally it is unjustifiable. Lack of self-control and of fixed purpose are the causes of crime, and they can be obviated by discipline. The probation system, parole, and reformatories are the best remedies.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Trachoma at the St. Louis Industrial School.

The recent retirement of the superintendent of our Industrial School and the business irregularities which were uncovered in the subsequent investigation of that institution were, of themselves, a sufficient shock to the public, for we had been led to believe that this institution was exceptionally well managed and that the inmates were fortunate in being under such kindly and intelligent supervision. But it appears that the business irregularity was but a minor point, deplorable hygienic conditions are said to have been unearthed, and it is a fact that better than eighty children have been discovered there who are suffering with trachoma and other diseases which point to gross neglect on the part of those in authority and an absolute indifference to a decently human conception of humanity. For several years the Industrial School Band has been paraded before us and it is from this organization that the most of us have judged conditions at the institution; the youngsters have appeared well fed, well clothed, happy and they certainly can play. We now find that instead of being the average they are the aristocracy, and that it would take a Dickens to picture conditions which have been allowed to develop and continue in that institution. Of course all this will be speedily changed, but we are chagrined and ashamed that it has happened at all. With all our much vaunted commissions and boards which are constantly reporting to us on how beautifully our charitable and public institutions are conducted such a scandal had no possible right of existence, and it would seem that wisdom would direct that some agency utterly foreign to such boards be at once appointed to investigate and report on our other civic institutions. If trachoma is so prevalent in the Industrial School who can say that smallpox is not raging elsewhere? Of course nothing of the kind is a fact, but that it isn't is no fault of such superin-

Digitized by Google

tendent as that which has graced the Industrial School, nor such boards as those which have, from time to time, investigated it. Such a lesson as this teaches that we must take nothing for granted and that we are derelict in our duty if we accept surface appearance as a reliable witness of internal conditions. It is to be regretted that any child has been subjected to such neglect as that which seems to have been the rule in this institution, in this the twentieth century, and in this the fifth city in the nation which has attained the highest degree of civilization of any on the earth. No one can say whether crippling or deformity may result to one of another of them as a consequence, but should such a thing develop the City of Saint Louis should feel itself obligated in the matter. And the man just relieved of authority, who has allowed such conditions to develop and exist under his administration, should not be whitewashed, he should be made to feel that his fault is a grievous one and one which he can with difficulty expiate. It is a misfortune to St. Louis, but if it had to happen let us be thankful that it happened now; every day longer would have increased the hazard,. And let us be sure that there are no other spots where like conditions are in existence.

Unapproved Methods of Treatment.

The practice of medicine is based upon the purpose to heal the sick, relieve suffering and prevent both sickness and suffering. The healing cult of each of the civilized countries has developed its school of medicine and these, during recent decades, have been so mingled as to make medical practice throughout the civilized world a thing of practically uniform procedure. A new discovery of real worth is simultaneously adopted in Japan, Rhodesia, Argentina, Manitoba and elsewhere. Except for diseases peculiar to one or another country the physician who is practicing medicine in St. Louis would find, were he suddenly transplanted, that he is of the fellowship in the most remote of them. The universality of medicine has led to the adoption of certain set principles which everywhere obtain and for the vast majority of which we know the real scientific reason, the others we accept as a matter of common repute. Before we undertook the study of medicine a wise man advised us and in part his admonition was to the purpose that science knows neither sex nor race and that its followers are those who are ever ready to learn fact from whatever source. Theoretically he was right, he was mostly right from both theoretic and practical standpoints, but he was not entirely right. Nearly twenty years of medicine have convinced us that we lack considerable of having reached the ultimate of perfection and that we, as a body, are not as open to conviction as would seem rational. Years agone the nigger mammy who cured ailments with her "yarbs" furnished the nucleus of a scientific discovery, but today is a day of synthetics and surgery, discoveries are not made except in high places, we look for the pedigree of our informant before we begin to give him attention, not to say credence. Yet there are effective points in therapeutics which have a very mean origin or early association which might be made available and valuable to us.

It is a demonstrable fact that a considerable number of hernia cases can be cured by the injection treatment and that with little inconvenience to the patient, it is being done every day. Of course the cases have to be intelligently selected and handled. We doubt if it is as frequently a failure as is the radical surgical procedure as commonly done. When compared with the condemnation of patients to truss life it can hardly be considered less scientific or less hygienic. Yet we very much doubt if it would be possible to gain a hearing for the method because the consensus of opinion is against it; there can be no other reason as it is no longer secret and deftness in technic is as justifiable with it as in surgery. Surgery for cancer is another accepted principle yet a physician walks the streets of St. Louis today who unquestionably had such a growth on his forehead, it was surgically removed a few times before the frontal bone became involved and that bone was surgically attacked, he was given up to die to the strains of slow music, his desperation led him to investigate the use of caustic applications and, finally, to allow them to be employed. For nearly two years he has been well, and there is not the slightest indication that a return will occur. Surgery couldn't have done it, it gave up, he should have been dead long since, but he isn't. And the physician mentioned is not the only one who has been so cured, they are many. The method is no longer secret, skill in its application seems to be the only secret of its success. No one pretends that every case of hernia can be cured with a hypodermic needle nor that all malignant growths will disappear under the application of caustics, nor that they may

Digitized by Google

not return, surgery would not promise that, nor does any known method of treatment. But we believe that so much as is good in these methods should be definitely determined by unprejudiced judges and placed at the command of the profession. That the quack and the charlatan have been engaged in turning these methods of treatment into cash is no scientific reason for ignoring them if they offer a reasonable probability of relief to certain of those to whom surgery can say little more than "perhaps" or "if." The investigations previously conducted seem to have been made largely by prejudiced observers or by men who have been content to gain results for the patients in whom they were interested and who felt no concern about the beliefs of the profession or the adoption or rejection of any method. Science does not mean denying facts which can so easily be demonstrated; science rather means finding out how it is done, how it does it, and then doing it. Science never means bigotry. The profession sees these things done, the rank and file wish that it were right to use them. They will if only the authoritative voice will grant that it is permissible. The voice has not yet spoken in a manner which carries conviction in the face of what we see.

ST. LOUIS ITEMS

Dr. Fred B. Hall has been appointed roentgenologist, at the City Hospital, vice Dr. Carman, resigned.

Dr. Charles Hugh Neilson of St. Louis has been appointed professor of medicine in the St. Louis University Medical School. Dr. Neilson has for the past six years occupied the chair of physiological chemistry in the university. He is a graduate of the Rush Medical College.

Dr. Kreissl's Visit.—It is announced that Dr. F. Kreissl, of Chicago, was the guest of the St. Louis Medical Society on Saturday, March 4th. Besides the address on "Vesical Stone and Its Management with Special Reference to Litholopaxy," before the society, Dr. Kreissl delivered a lecture before the students of the St. Louis University School of Medicine at 11 o'clock Saturday morning. During the afternoon he gave a surgical clinic at the City Hospital.

Dr. Osler Invited to St. Louis.—At a recent meeting the Medical History Club of St. Louis took the initial steps to insure the presence of Dr. William Osler at a meeting which it is hoped to hold at a not remote date. A motion presented by Dr. Geo. Homan was adopted to the effect that it be and is the sense of the St. Louis Medical History Club that Sir William Osler, Regius Professor of Medicine at Oxford, be tendered an invitation to present to this club, at such time and in such manner as may be most convenient to him, his views on the influence or office of Luke the physician in bringing into harmonious natural relationship Greek medical science, as taught in the Schools of Hippocrates, and pscyhic healing power, or faith-cure, as manifested in the early Christian church in the form of reputed miracles.

A serum apparently effective in the treatment of cancer has just been produced by Dr. Harvey Gaylord, Buffalo, N. Y. This is the outcome of ten years' study in the research laboratory there, and the state is about to build a hospital close to the laboratory where such cases may be treated by this serum and continue under observation of the corps of medical men headed by Dr. Gaylord.

Founding of obstetric hospitals for the poor in our large cities takes away revenue from the questionable midwives who infest the foreign quarters there. This criminal element, therefore, is more and more resorting to covert abortion crimes, so that a public demand for their control is under way. Physicians should inform the press everywhere as to just what is intended so as to protect the parturient poor.

A Municipal Drink Cure for Chicago is planned by Mayor Busse, Chief of Police Steward and Superintendent Whitman, of the House of Correction. It will be established in the House of Correction. A note or a sentence from any judge of the municipal courts will give an entree to any man who desires to be cured. Investigation of records indicates that the troubles of more than seventy-five per cent of the prisoners are due to drink.

The Protest.—The Milwaukee County Medical Society's committee, composed of twenty-five of its oldest and most respectable members, waited upon his Honor, the Mayor, to protest in the name of the society against the appointment of Dr. Kraft to the position of Health Commissioner. This was done in a dignified manner and many speeches in support of the resolution were made. The mayor received them courteously, listened to them patiently and—turned them down, as was to be expected.

Digitized by Google

ABSTRACTS

Salvarsan.— O. S. Ormsby, Chicago (Jour. A. M. A., Feb. 18), reports his experience with salvarsan in eight cases under observation for more than three months. The work was controlled by repeated Wassermann tests and blood counts, and the patients were all examined for contra-indications in the heart, lungs, kidneys, etc , by Dr. Joseph L. Miller and as to eye complications by Dr. E. V. L. Brown. In none of the cases did any untoward results occur, and in one only has there been any lasting induration. In three cases, morphin was administered for pain, but it was not necessary in the others. The majority were injected with the emulsion according to the Wechselmann method, but the two last had the solution injected intramuscularly by the method of Lesser. The most striking results were obtained in a patient with deep gummatous and ulcerative lesions involving bones and deep structures. In none of the cases could a positive cure be claimed. The series emphasizes the facts shown by others, which, as Ormsby says, are summarized as follows: "1. Recurrences and recrudescences commonly happen after a single injection, which indicates repeated injections or resort to older methods to complete the eradication of the disease. 2. A marked and profound effect is immediately produced, which makes one indication clear for its use, viz., a rapidly spreading malignant case in which ulceration threatens vital or useful structures, and an immediate result is imperative. 3. The effect in promoting increased nutrition is marked, especially in cachectic patients, thus placing the patient in a better physical condition to normally combat the invading organisms." Admitting the value of salvarsan in syphilis, Ormsby thinks that it cannot be admitted that it replaces other treatment to any great degree. It is the consensus of opinion, he says, that its greatest value is in the malignant cases and in those which have resisted other well-known remedies. Only time will demonstrate the value of salvarsan in the very early cases in which a profound effect on the spirochetes may entirely destroy them before the organism has become thoroughly saturated, and also in the ordinary cases for which the usual treatment has been successful. The greatest credit is due to Professor Ehrlich for his work in opening a field of research in the treatment of parasitic affections that should be of great importance to humanity.

Salvarsan.—B. C. Corbus, Chicago (Jour. A.M.A., Feb. 25), says that from his personal experience the intravenous method, on account of its rapid elimination is vastly inferior to the intramuscular alkaline solution method of Alt and Lesser. Each case should be treated individually, with special reference to the age of the infection, its severity and the condition and age of the patient. In all early infections the intravenous method is indicated, and it is the only one that should be employed where very quick action is to be desired. The technic of the method and the alkaline solution is given in detail, and he thinks that the dose as given in the printed instructions of 0.3 gm. for women and 0.4 gm. for men is decidedly too small and does not prevent recurrence. One can safely give doses of 05. gm, to women and 0.6 gm. to men. He finds the hospital treatment best, as shock is sometimes severe. At present he thinks it is best to treat all nursing children by previous full dose injection into the mother, but if this cannot be done an alkaline injection into the buttocks, of from 0.02 to 0.03 gm., according to the age of the patient can be given. He prefers in the intramuscular method to inject into the outer side of the buttocks, thus avoiding a subsequent neuritis. The personal element plays an important part in regard to the effect of the injections, and women as a rule bear them better than men. If the pain is severe hot sitz baths with hot applications are of most benefit. He reports in detail on twenty-five cases in which the patients have been under observation for sufficient time to justify conclusions, and classifies them by their character and the effects of treatment. The longer a patient has been infected with the spirochete the less is the chance of a speedy cure. At present, Corbus is retreating all his patients in the fifth or sixth week. When there is a negative Wassermann reaction before the second injection he stops treatment after the second injection. In those who still show a positive Wassermann reaction he continues the treatment with mercury until such a time as he feels justified in giving a third injection. Even Ehrlich says that the best way to combat the disease is by different kinds of treatment simultaneously. Corbus gives his conclusions as follows: "1. We have in Ehrlich's remedy a powerful agent against syphilis. 2. A single injection has in favorable cases approximately the same result as four to five months' treatment with mercury and iodin. 3. It may show a brilliant effect when mercury and iodin have failed. 4. Salvarsan has advanced the treatment of syphilis in a decided manner, but on ac-

Digitized by Google

count of its strong arsenic content, repeated doses may have a disastrous effect on the human organism. 5. Every physician should master the technic before attempting to use it. Only in this way will the drug be safely guarded from many pitfalls."

Immunology.—The history of the science of immunology and its development through animal experimentation is given by F. P. Gay, Berkeley, Cal. (Jour. A.M.A., Feb. 25). The comparatively recent origin of this science is at first glance surprising, he says, when we consider that certain examples of a natural and acquired resistance have been recognized since ancient times. The individual type of natural immunity is seen by the escape of certain individuals from infection under the same conditions as others who suffer from it. Natural racial immunity, which has been observed since the sixteenth century, is, in all probability, dependent on differences in food and general hygiene, and species immunity, the most evident and distinctive type, can be attributed in a general way to differences in metabolism, body temperature, intestinal enzymes, etc. The immunity acquired through recovery from any given disease is, however, of the most significance, and Jenner's discovery of vaccination is the most familiar instance. No generalized conception of the principles existed until the beginnings of the science of bacteriology under Pasteur and Koch, and immunology may be regarded as having become a specialized science from the moment that effective attempts to explain the physiologic mechanism of the protection were made. Various theories were proposed but it remained for Metchnikoff to give the first experimental evidence explanatory of the process of immunity by phagocytosis. It is generally admitted now that many forms of natural immunity are best explained on a simple phagocytic basis. The small microphages in the blood are practically concerned with making away with the bacteria which produce acute infections while the larger microphages take up other animals cells, such as red blood-corpuscles and protozoa, and also certain bacteria, such as those of tuberculosis and leprosy, which produce chronic infections. Gay reviews the controversy in regard to phagocytosis immunity from toxins and Pfeffer's phenomenon as explained by Bordet, and offers the following summary as consistent with the facts and a simple explanation of anti-infectious immunity. Bacteria are destroyed in the body of an immune animal by the action of two substances: the sensitizer which is the specific result of immunization and which lies free in the plasma, and the alexin which under usual conditions in the body lies within the phagocyte. If phagocytosis has taken place the alexin works in situ: if phagolysis occurs the alexin is liberated and acts in the fluid extracellularly. There is further reason to believe that the more potent the sensitizer the more likely it is that phagolysis should occur. In vitro the bacteria are similarly destroyed except that, with fresh serum employed, free alexin is the rule. When the alexin has been retained in the phagocyte as with opsonin experiments the destruction is intracellular subsequent to phagocytosis. That normal opsonins are apparently thermolabile is because the normal extracellular alexin is destroyed and the normal opsonin sensitizer is not sufficiently potent to draw out the intracellular alexins or to cause the opsonized bacterium to be drawn within the cells. The loss of the extracellular alexin is immaterial, however, in the case of immune opsonins bacteriotropins, as their strong sensitizing power either makes use of a trace of alexin liberated by the phagocytes or else suffices to draw the treated bacteria within the cell. Mention is made of the artificial hemolysins and the hope that specific immune serums for other animal cells could be produced, especially for the treatment of malignant growths. The general conception, however, now is that the artificial hemolysins are specific for any cell of the species that has furnished the antigenic tissue, rather than for any specific type of cell. The agglutination reaction and its uses, anaphylaxis and its phenomena, are also noticed. The paper is an interesting one, especially as pointing out the value of animal experiments.

Abdominal tumors that can be indented and changed in position and form, are due to feces.

Statue to Albarran.—The town of Sagua la Grande in Cuba has recently erected a marble statue of "its most illustrious son," Professor Joaquin Albarran, chief of the clinic at Paris for diseases of the urinary apparatus. He succeeded Guyon in this much-coveted post in 1906. The statue was erected by popular, nation-wide subscription; a memorial tablet was also placed on the house where he was born.

Digitized by Google

THE MONTH'S MAGAZINES

How Shall We Combat Typhoid?—Thus, in the community which does not take kindly to the maxim that "there is no help for a contented slave," there will be active first: The individual citizen. For prophylaxis must begin in the home. What is to be done in the family? In times of epidemic only throughly cooked food is eaten; all water and milk not beyond suspicion is boiled. Indigestible food is not eaten. Oysters, lobsters and the like are for the time being avoided. Filters for domestic use are generally unreliable. Wells impervious to bacteria must be constructed, after consultation with experts. Cisterns, cesspools and closets must not be neglected because they are unpleasant to consider; they must be made sanitary. Manure heaps must be screened or put into pits; they are the chief breeding places of flies. Screens against flies are imperative in the summer, especially in the kitchen and dining room; remnants of food should be burned or otherwise made impervious to insects. The physician's instructions to the management of the sick room and the care of the patient must be scrupulously followed by the nurse and the family; especially are the hands of the attendants to be washed frequently, disinfectants following the soap and water. Personal and household hygiene are essential. One should not bathe at beaches nor in rivers or lakes near sewer openings. No one who is sick, or who is attending typhoid patients, or in whose family there is this disease, should manipulate well buckets, or work about a pump or in a dairy. Even walking upon ground polluted with human waste, and then standing upon a well platform has resulted in pollution of the water.

Next comes the family practitioner, who generally first takes expert cognizance of the case, which it is imperative he should report.

Next comes the local health department, and its sanitary chief, the local health officer. In typhoid, as in all prophylaxis, the government's business is twofold. To see to it that the citizen shall do all that he can in the circumstances, for himself, for his family and for the community; and in the second place to do for him, and consequently for the community, such things as he unaided, is powerless to do.

Then comes the State Department of Health which (as the community does for the citizen the things he is powerless to do) does for the community the things it cannot do for itself: the eradication of pollution, the investigation of sewage problems, the vouchsafing of pure milk, the inspection of water sheds and of reservoirs (by the State and not by the private company).

Finally there is the community in its corporate capacity, as distinct from the individual, the political unit. It is the essence of our American institutions that our laws are effective only in so far as public opinion is back of them; in other words, we get always precisely the service from our government we are entitled to, no more and no less. The better citizens we are, the more surely, the more satisfactorly our laws will be enforced. And what can the citizen better work for than the conservation, through the government, of the home. Senator Root truly observed, though he was not speaking at the time of epidemics, that "after all, the thing which we have government for is the preservation of the home." So the right men should be made the public health officers; and then the body politic must be ever vigilant in upholding them, and in having the laws made for the conservation of the public health enforced. Salus populi suprema est lex!—From "Fighting American Typhoid," by John Bessner Huber, M. D., in the American Review of Reviews for March.

The Married Actress.—The actress has always been a target for all sorts of forebodings. That anything save vanity could make a wife and mother remain in or return to the profession, it would take a heaven-sent herald to trumpet. Even then good mothers would sniff, and yet Stageland has countless wives and mothers who are above suspicion of vanity, who are not so womanlike as womanly. Oddly, it is very often her love for her unsuccessful husband, and her dominating ambition for her clever children that keep an actress before the public. It is a fact that actresses who play the role of society belles feel nauseated that such shallow worldings should be wives and mothers. For any other part rather than such a travesty upon womanhood, would a representative actress be cast. As in the singer's case, so with the "stage favorite;" rather than see her husband struggling along in the role of Atlas, or hear her darlings vainly wishing for things that other little girls and boys have, the actress-mother spends part of the year away from the home that her talent has filled with luxuries and comforts, solely for the sake of others. Many an elderly leading woman drags a more than weary body

Digitized by Google

over thousands of miles, bearing ills we know not of, not because she loves admiration inordinately, but because she wishes her loved one to fare sumptuously every day when she is gone, and to have all that there is—anon. Unselfish love keeps an actress young, and gives her voice that delicious timbre that makes every line tell. After marriage, an actress has a thousand hidden sources from which to draw inspiration when "creating a part." One has only to note her devotion to her dog to see that the maternal instinct is not dormant. Fido is a poor substitute, but she loves him. As a mother, she is thrice careful, for who better than she knows the danger of the wrong environment for impressionable young minds. She is not a sentimentalist, but when her little ones grow older, and the wolf prowls nears her girls, or the cynic would throw mud into the minds of her boys, she is a tower of strength and tact.—Minna Thomas Antrim in March Lippincott's.

America and Argentina.—The status of the trade of the United States in the Argentine is peculiar. A few big American corporations have gone at it carefully, intelligently and with continued energy. American steel and iron makers have found a profitable field in which they have won a fair share of business in sharp competition with England, Germany and Belgium. Lately, Russia has appeared upon the scene as a seller of steel rails, and her prices have upset all former market conditions. It remains to be seen, however, whether Russia can maintain her position for any length of time as to supply and prices.

American harvesting machinery takes care of the crops of the Argentine, as it does those of many other countries. The American oil companies supply the Argentine market with illuminating and lubricating oils. The American packing interests have gone heavily into the shipping of frozen and chilled meat, and now control probably fifty per cent of the Argentine export trade in those products. As yet the shipments are all to Europe, but the time may come when the people of the United States will look to the Argentine to supplement the home supply of bread and meat.

American methods have quite recently given the Argentine cattle raisers a moment of bewilderment from which they have not yet fully recovered. During the live-stock show of last year the packing interests found a few head of Hereford steers to their liking, and ran the auction price up to over five thousand dollars for each steer, a world's record in the price of beef. It was an advertisement, costly in first outlay, but it has set all the cattle raisers of the Argentine in motion in the direction of better bred stock, and has given them an idea of just what is wanted by the packing houses. It was an object lesson which will probably bring satisfactory results to both teacher and pupil, and it was an American idea.—James Davenport Whelpley's "Progressive Argentina" in the March Century.

The Price of Prudence.—Life insurance and fire insurance are among the biggest businesses in New York City. One person out of every three has his life insured and about nine persons out of ten who have any property to insure have it protected against loss by fire. Last year was an exceptionally good one for both of these great industries. December was one of the heaviest months in their history and January's record pushed December's close. It looks as though 1911 would be even better than its predecessors, with plenty of new business and without a disproportionate amount of losses.

The individual amount of the average life policy in the United States, and especially in New York, is much greater than it used to be. Twenty years ago the average was under $2,500 for each policy-holder. Now it is more than $3,000. On the one hand, the enormous number of small industrial insurance policies has pulled down the average, while, on the other, the number of policies running into hundreds of thousands—even millions—of dollars has increased it. In 1869 the amount of ordinary insurance per capita in the United States was $6.69; in 1909 it was $157.24. In the State of New York the per capita of industrial and ordinary insurance combined in 1909 was $278. New York leads all other States in this respect.

A feature of recent business in life insurance is the number of very wealthy men who are taking out large policies on their lives. A few years ago a New Yorker who carried a million-dollar policy was so much of a rarity that he was sure, if discovered, to get his picture in the Sunday sections of the newspapers. Today there are so many of these men who have their lives insured for even two or three times that amount that they pass unnoticed and uncommented on by the press. Some of the big companies limit their risks on a single individual now to $2,000,000.—Thaddeus S. Dayton, in Harper's Weekly.

Digitized by Google

MEDICAL MISCELLANY

If in abdominal tumor the left supraclavicular gland is swollen, it is malignant.

In many cases a dram of fluid extract of cascara sagrada, if taken early, will ward off an attack of migraine.

Dr. Edward Gamaliel Janeway, of New York City, a prominent specialist on diseases of the mind and tuberculous affections, died at his country home at Summit, N. J., February 10th, aged 70 years. He was considered one of the best diagnosticians in this country, and was well known as a philanthropist. He graduated from the Medical Department of Columbia University in 1864.

Following President Tafts intervention in legislation to prohibit the use of poisonous phosphorus and hearings before the House Committee on Ways and Means on the Esch Bill to prevent using such material in match manufacture, the Patent Office on January 23d canceled the patent on sesqui-sulphid. That substance is considered a harmless substitute for white phosphorus, which is claimed to cause necrosis and other diseases.

University of Pennsylvania.—Dr. John B. Deaver has been elected professor of clinical surgery in the Medical Department of the University of Pennsylvania, succeeding Dr. Edward Martin, who was recently elected John Rhea Barton professor of surgery. Dr. Milton B. Hartzell has been elected professor of dermatology, succeeding Dr. L. A. Duhring, who recently resigned. Dr. J. Williams, formerly John Rhea Barton professor of surgery, has been elected a member of the Board of Trustees.

Pennsylvania Considering Sterilization of Defectives.—A bill for sterilization of idiots, feeble-minded and insane persons in state institutions has been presented in the Pennsylvania House by Mr. Freeman, Lebanon. The bill was drawn by Director of Public Health and Charites Neff, of Philadelphia, and Secretaries Wharton and Woodbury, of the State Board of Charities and Committee on Lunacy. The bill provides that a commission of physicians, surgeons and neurologists shall pass on the patient's mental state and then report to the managers of the institution, who shall then determine whether he or she shall be operated on. The report must then go to the court of the county where the hospital is located for approval. In case of approval the operation is to be performed.

Battle & Co., of St. Louis, have just issued No. 15 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

Transfusion of Blood in Three Cases of Pernicious Anemia.—David Boviard describes three cases of pernicious anemiain which blood was transfused with good effect, in two the improvement lasting some months, and with no effect in one (Med. Rec. Feb. 11). In one case pronounced symptoms of anaphylaxis occurred. It is not always easy to secure a donor whose blood is suitable. The immediate results are return from a deathlike pallor to the hue of health, with increase in vitality and mental activity. Secondary results are an increase of hemoglobin and a period of remission of the characteristic symptoms, lasting some months. Transfusion averts threatened death and restores the patient to comparative comfort.

Multiple Offices for Physicians.—In Berlin and probably also in other large cities of Germany it has been for some time the custom for a number of specialists to have offices for private patients in two places in the city, one in their private residence and one in their private clinic or the policlinic. The first is usually in the fashionable western part of the city and the latter in the center or in the outskirts. The reason for this condition is that the central part of Berlin, like London and New York, is gradually being given up more and more to business, for which reason the larger part of patients able to pay have migrated to the west and the physicians follow them but keep their office down town for the patients who still remain in that locality. As other physicians are injured by this doubling of offices there have been complaints made against this custom in the medical press and in the medical societies.

Ravages of the Plague.—The Viceroy of Manchuria estimates that the fatalities from the plague in Manchuria have been 65,000, but this is declared by many to be little more than half of the actual number of deaths. Practically none of those stricken recover; infection of the lungs being rapidly followed by death. In the province of Harbin 250 deaths are said to occur daily, and as the frozen ground makes

Digitized by Google

burial impossible, conditions are very serious. The people, however, have finally begun to consent to cremation. At Vladivostok efforts to enforce sanitary regulations resulted in a fight between Russian soldiers and Chinese residents, in which six persons were killed. London has been startled by a report that German agents in Manchuria are shipping to Europe large quantities of hair taken from the bodies of victims of the disease. It is said that the bodies of the dead found in the streets are invariably without queues, and that these are cut off to supply the demand for false hair. Whether the germs of the disease can be transmitted in this way, however, is more than doubtful. The Department of State at Washington has been advised that the opening session of the medical congress for the investigation of the plague will be held in Mukden on April 3.

Salol is soothing to the urinary apparatus and corrects that excessive acidity of the urine which is present in the rheumatic diathesis, inducing irritability in the passing of water.

The American Medico-Political Reform League.—The exigencies of and the urgent necessity for a reform movement in the American Medical Association and its constituent societies demand an organization for the purpose of systematically conducting a crusade against the existing political evils in these bodies. The American Medico-Political Reform League, operating under a charter from the State of Illinois, has been organized to meet this demand, and has been incorporated for the purpose of conserving the principles of democracy, fair play, free speech, equal rights and membership government in the medical societies of the United States by attaining the following specific objects:

1. Adoption of the general ballot and referendum in the American Medical Association and its constituent bodies;

2. Provision for the automatic acquirement of membership in the A.M.A. by members of the district societies, thus abolishing non-membership A.M.A. voting in said district societies, or,

3. Legal elections which shall abolish the voting of non-members of the A.M.A. for delegates to State societies;

4. Membership transfer cards for members of the A.M.A. who may change their locations;

5. Amendment of the by-laws of the A. M. A. so as to prevent multiple officeholding, thus providing for the separation of the offices of secretary, editor and general manager;

6. Election of delegates to the State societies and the A.M.A. by general ballot in the district societies, the representation being proportioned to the numerical strength of the district societies;

7. Election of councillors to State societies by general ballot of councillor districts;

8. Abolition of voting power in Houses of Delegates of councillors of State societies, thus following the precedent set by the A.M.A. in the case of its trustees;

9. An open forum for discussion of medical society policies and methods in the State and National journals;

10. Non-partisan administration of State and National journals;

11. Encouragement of all logical and practical measures against abuses of medical charities;

12. Encouragement of all logical and practical measures to elevate the standard of medical education.

Proper Management of Foundlings and Neglected Infants.—Henry Dwight Chapin, New York (Med. Rec., Feb. 18), states that the methods of care for foundlings and neglected infants in institutions is a failure and should be changed, since their lives are sacrificed to the conditions under which they are placed. An infant cannot remain long in a hospital without losing flesh and strength. The cure for this state of things is seen in the boarding out system. A child will do well in even a poor and dirty home if it gets individual care and sufficient nourishment. The author advocates giving up all our large children's institutions and using the money for boarding children, some in city, others in country. There should be only small stations in which they may be received, their food arranged, and temporary care taken of them until they can be well placed. An experiment in this direction has been made by the Speedwell Society at Morristown, N. J. Here 1,386 children have been cared for, 501 less than two years of age. A large proportion were restored to full vitality and weight. It is not difficult to get families who will take good care of them.

Masked Malaria.—

Quininae sulphatis .....grn. xvj
Acidi sulphurici.....*m* xvi
Syrupi tolutan.....ʒj
Spt. aether. nitrosi.....ʒj
Aquae.....q. s. ad ʒij

—DaCosta, Med. Summary.

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

Ointment for Neuralgia.—

Ol. Gaultheriae.....
Guaiacolis .....aa *m* xv
Mentholi..... grn. x
Adipis lanae.....
Cerati .....aa 3ij

A small quantity to be rubbed in over seat of pain, night and morning—S. S. Cohen.

Ulcerative Keratitis.—The following is recommended in the acute stage with pain and photophobia:

Acidi borici.....grn. x
Atropinae sulphatis.....grn. j
Aq. camphorae.....
Aq. dest.....aa f. 3ss

M. Sig: Ten drops in eyes every two hours.—The Prescription.

Anemic Headache.—

Ferri et ammon. cit.....grn. v
Liq. arsenicalis fowleri.....*m* ij
Ext. cascar. sagrad. liq.....*m* xx
Tinct. nucis vomicae.....*m* v
Aq. chlorof.....ad 3j

M.—Bickerstaff, The Hospital.

Palatable Magnesium Sulphate.—A. G. Halderman, in the Physicians' Drug News, after trying several formulas, finds the following most satisfactory and make it as needed:

Magnesium sulph .....1 av. oz.
Conc. sol. garantose (Merck's).1 fl. dr.
Oil mentha pip.....2 drops
Oil anise.....2 drops
Aqua, q. s.....2 fl. oz.

The concentrated solution garantose is made as follows:

Garantose .....1 ounce
Soda bicarb..... ½ ounce
Water.....1 quart

One ounce of this solution is equal, in sweetening power, to 1 pound of sugar.

The oils are perhaps best used in the form of spirits. The author uses them both ways. Of course, the solution must be filtered.

Foot Powders.—The powders may be divided into three groups:

1. Those which are soluble in water, and therefore equally soluble in the sweat of the feet. Boric acid is soluble in water and sweat, and is useful in cases in which there is excessive sweating, with or without a bad odor.

2. Powders which are insoluble in fluid or in sweat, of which starch powder or oxide of zinc is a type.

3. Mixed powders—partly soluble and partly insoluble. For men who have much walking to do the mixed powder is the best:

Salicylic acid (very finely powdered)..1 dr.
Boracic acid (finely powdered).....1 oz.
French chalk (carefully prepared) to.4 ozs.

This is used in European armies for the prevention of tender, sore feet.

Another worth noting is:

Salicylic acid.....1 dr.
Oleate of zinc (powdered) .....1 oz.
Talc or French chalk to.....4 ozs.

This makes a soapy-like powder exceedingly pleasant to the skin. Part of the boracic acid in the first prescription would be soluble in sweat. The chalk and oleate of zinc are not soluble, and would render the skin soft and comfortable, and remove the heat and redness.—The Hospital.

Digitized by Google

SOCIETY PROCEEDINGS

MEDICAL SOCIETY MEETINGS IN THE WEST IN 1911.

American Medical Association, Dr. J. B. Murphy, President, Los Angeles, June 27-30.

American Medical Editors' Association, Dr. Joseph MacDonald, President, Los Angeles, June 24-26.

American Academy of Medicine, Dr. C. S. Sheldon, President, Los Angeles, June 23-26.

American Medico-Psychological Association., Dr. C. W. Pilgrim, President, Denver, June 19-20.

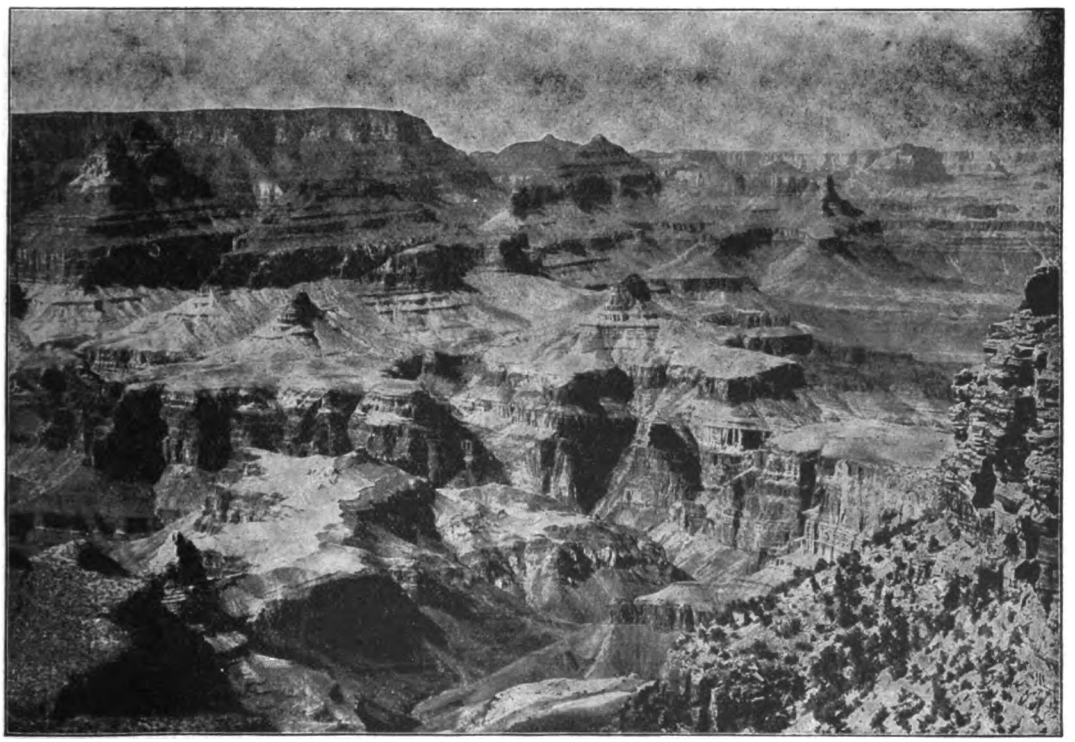
American Proctologic Society, Dr. Geo. J. Cook, President, Los Angeles, June 26-27.

American Surgical Association, Dr. R. H. Harte, President, Denver, June 19-21.

Arizona State Medical Association, Dr. Jno. W. Foss, President. Los Angeles, June 26.

AMERICAN MEDICAL ASSOCIATION.

The sixty-second annual meeting of the American Medical Association will be held in Los Angeles, California, June 27 to 30, under the presidency of Dr. Jno. B Murphy of Chicago. Since this association was organized in 1846 meetings have been held in the far west only four times. At San Francisco in 1871 and 1894; Denver in 1898; and Portland in 1905. It therefore follows that the session this year in Los Angeles will be a memorable one in may ways. It will afford an opportunity to the medical profession of the coast to attend the meeting of the largest medical organization in the world. It will afford the physicians of the eastern and central states an opportunity to visit California and the Pacific Coast, conceded by many to be the garden spot of America.

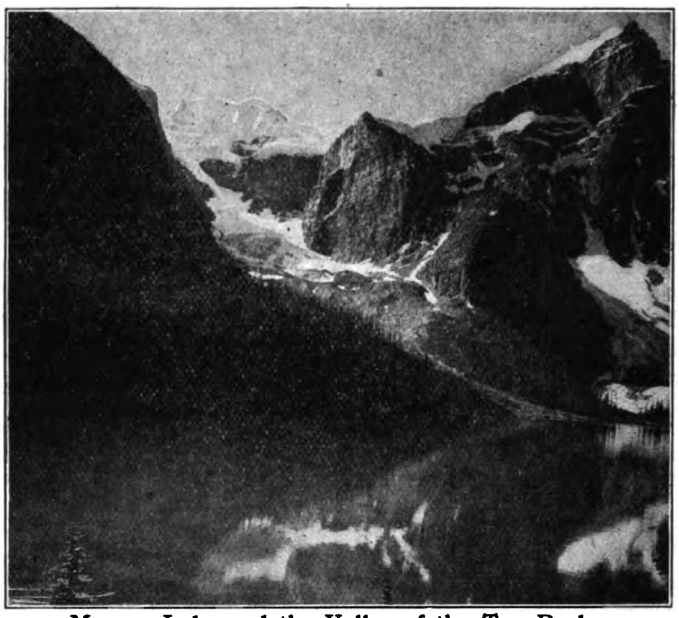


Grand Canyon of the Colorado on the Santa Fe R. R.

Digitized by Google

The Missouri Valley and Southwest special train will carry the delegates from Kansas City to Los Angeles in a solid train without change of cars, comprising Pullman Palace sleeping and dining cars, equal in every respect to the standard set by the Santa Fe California Limited service. This train will leave Kansas City on June 22, stopping over one day at the Grand Canon of Arizona, which is one of the grandest scenes to be found in America. The train will arrive at Los Angeles on Sunday afternoon, affording delegates ample time to get located in their hotels, register and attend the auxiliary meetings on Monday. The general sessions of the A. M. A. open on Tuesday morning, June 27.

Arrangements for the entertainment of the delegates in Los Angeles are nearly completed and the chairman of the Arrangement



Morane Lake and the Valley of the Ten Peaks.

Committee, Dr. H. Bert Ellis, has announced a few of the features, including a boat trip to the famous Catalina Island, excursions to Pasadena and Long Beach, visits to the orange groves, while the ladies will be lavishly entertained in many ways which only Los Angeles with her beautiful parks and nearby coast resorts can afford. Any physician whether a member of our society or not will be welcome to join our party and bring his family. After the meeting has adjourned, our party will proceed northward, stopping at San Francisco, and traveling through the beautiful Shasta country with Portland and Seattle for resting points. A daylight boat ride from Seattle to Vancouver will be a feature of the trip, and the homeward journey will be taken over the Canadian Pacific Railway, with stopovers at Laggan, Banff and other notable resorts in the Canadian Rockies, where some of the grandest scenery in the world may be found. Returning via St. Paul and Minneapolis, with a day's stopover in these thriving twin cities, and homeward over the Chicago-Great Western R. R.

A very low rate of fare will be made for the entire trip, and there will be no worry as to details, as this party will be in the hands of an experienced conductor. Reservations should be made early to insure accommodations on this special train, as the party will be necessarily limited. Write for full routing instructions before purchasing tickets. Hotel reservations will be made for those who desire, a block of rooms having been reserved by the Secretary in Hotel Alexandria the finest hotel in Los Angeles. Address Dr. Chas. Wood Fassett, Secretary M. S. M. V., St. Joseph, Mo., for itinerary and full information.

Digitized by Google

Each return of the season in which these affections prevail witnesses an increased reliance on the part of physicians on

GLYCO-HEROIN (Smith)

IN

Asthma
Bronchitis
Cough
Phthisis
Pneumonia
Etc.

Glyco-Heroin (Smith) has always been distinguished for the exceptional promptness with which it relieves respiratory distress, promotes expectoration and allays inflammation of the bronchial and pulmonary passages.

DOSE—The adult dose of **GLYCO-HEROIN (Smith)** *is one teaspoonful repeated every two hours or at longer intervals as the case may require. Children of ten or more years, from a quarter to a half teaspoonful. Children of three years or more, five to ten drops.*

MARTIN H. SMITH COMPANY
New York - - - - U. S. A.

Digitized by Google

MEDICAL MEMORANDA

The Increasing Value of Light.—Light as a therapeutic agent is now acknowledged by many recognized authorities to be of greater usefulness than any other one remedial measure. The leucodescent therapeutic lamp was the first high candle-power apparatus offered to the medical profession. Many improvements have been added, the most important of which are the color screens, by means of which either the thermic, the luminous or the actinic rays can be segregated and used alone where indicated. Light and radiant heat are a universal necessity as a part of our natural existence. By this is meant white light or the full visible spectrum, for the artificial production of which the leucodescent therapeutic lamp is, we believe, the most effective apparatus yet offered the profession.

A Safe and Efficient Anodyne.—It is not surprising that passiflora (Daniel's concentrated tincture) is rapidly taking the place, in the practices of thousands of physicians, of opium and its derivatives, for it possesses the same soothing qualities of the latter and is free from its danger. To the man unacquainted with soporific and anodyne properties of passiflora incarnata (Daniel's concentrated tincture), its advantages will prove a revelation. It is free from the dangers of opium and does not enslave the patient in a habit from which escape is well nigh impossible. It does not lock up the secretions, and it may be given over long periods of time with every assurance that it will meet the claims made for it. Not alone is passiflora an efficient substitute for opium, but also for chloral, the bromides and the coal-tar products. A sample of Daniel's passiflora may be had by addressing the laboratory of John B. Daniel, Atlanta, Ga.

A Word About Cough Mixtures.—The number of cough preparations on the market is perplexing—of cough syrups and elixirs and lozenges there seems to be no end. Few of them have any merit to speak of; the average cough syrup is a mawkish sugar-laden, stomach-distressing mixture. The cough lozenges we usually see are very little more than confections flavored in one way or another. The Abbott Alkaloidal Company, of Chicago, we note, have lately put out a cough lozenge that does perform its mission. They call it lactucarium compound and it is just as palatable as it is effective. They claim it is the most satisfactory and generally usefull prescription for cough that has ever been put together. This, obviously, is a big claim but it has been verified a number of times. There is no question that the lozenge is a form of medication which will not soon become obsolete. Like the gargle it exerts a direct influence upon the tissues with which it come in contact, but it has the additional advantage of being more convenient in its application. This new cough lozenge gives good results in practically every kind of cough and should be a valuable ally of the doctor this winter. We have seen, more than once, a very stubborn cough yield to it after other medications proved of no value. One of its features is that an elixir, suitable for use in pediatric practice, may be made with it extemporaneously, by dissolving two to four lozenges in two drachms of glycerin and two drachms of aromatic elixir. Of this twenty drops may be given as often as required. The Abbott Alkaloidal Company will be pleased to send a circular of particulars and a trial package of the lozenges to any doctor who wants to try them before buying or prescribing.

DOCTOR, LOOK YOU

UPON THIS PICTURE!

A poisonous agent should not be used for antiseptic douches and dressings.

According to a report of the Council on Pharmacy and Chemistry of the American Medical Association, a 1 to 5,000 solution of bichloride of mercury does not kill the staphylococcus pyogenes aureus in five minutes contact. That is, it is not germicidal in that strength in that length of time; yet it is highly poisonous to the individual, if kept in contact with an absorbing surface for that length of time.

"Bichloride of mercury, even in this dilute lotion (1 : 10,000) has, when used in the peritoneal cavity, given rise to toxic symptoms."—Hare's Therapeutics.

Koch states that where albumen is present, bichloride is decomposed and rendered inert.

AND THEN UPON THIS!

Containing, as it does, these agents which are antiseptic in action, as well as inflammation allaying, and repair inducing, Tyree's antiseptic powder is indubitably the most effective preparation thus far evolved for employment in the treatment of either acute or chronic inflammation of the mucous surfaces or other soft structures. It is especially efficacious in leucorrhea, gonorrhea, vaginitis, pruritus, and chronic catarrhal affections of the female genital tract.

Dr. Jacob Geiger, Professor of Surgery at the Ensworth Medical College, St. Joseph, Mo., in speaking of Tyree's antiseptic powder, says that it has been used in the above hospital with very satisfactory results. He considers it a good dressing powder, non-irritating in its effects.

Dr. T. E. Potter, secretary of the Ensworth Medical College, St. Joseph, Mo., says that it has been used at St. Joseph's Hospital, St. Joseph, Mo., with very satisfactory results.

A liberal supply is furnished doctors free, upon request to J. S. Tyree, chemist, Washington, D. C.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, MONDAY, APRIL 10, 1911. No. 7

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

APHONIA.*

L. D. BROSE, M. D., PH. D.

EVANSVILLE, IND.

In using the term "aphonia" I wish to be understood as meaning, loss of the faculty of phonation. Said loss may arise from lack of co-ordination, or irritative motor phenomena or through paralysis of the intrinsic laryngeal muscles, either because of central lesion, or from disease or injury of the motor nerve nuclei, or trunk, or their peripheral endings, or from a purely myopathic lesion.

That the symptomatic interpretation of aphonia is of importance alike to the general practitioner and specialist is verified by the fact that for months it may remain the sole symptom of an existing locomotor ataxia or aneurism of the descending aorta. All of the infectious diseases, the acute, non-eruptive as well as the eruptive and those of a more chronic nature, may give rise to aphonia, either through acute catarrhal inflammation fibrous exudate as in croup and diphtheria, edema, ulceration, perichondritis or peripheral motor nerve palsy.

The following case is an instance of aphonia due to typhoid fever: Maggie L., unmarried, 22 years of age and a resident of Troy, Ind., during November, 1899, had a severe attack of fever, which confined her to the bed two months. During the second week of fever she lost her voice and has been unable to speak other than in whisper, up to the time of consulting me July 3d, 1900. At no time has she had dyspnea, and beyond the loss of voice she considers herself fully recovered. Laryngoscopic examination disclosed paresis of the adductors, the cords not approximating well during attempted phonation. Treatment: The faradic current was used within the larynx with alternation of the continuous current, slowly interrupted, one pole externally on either side of the upper part of the trachea, and cricoid cartilage.

In addition, iodide of potash in five grain doses, three times a day, was prescribed, July 9th, during the use of the interrupted galvanic current, she began to utter words and in a few days more recovered her voice.

My conception of the pathology of this and kindred troubles is that the palsy is due to a peripheral motor neuritis and not to a purely myopathic lesion. It is in the chronic infectious diseases, however, like syphilis and tuberculosis, that we oftenest find aphonia. An interesting example due to syphilis is the following: Mrs. Ruth P., age 38 years, and since many years living apart from her husband, was referred to me October 18th, 1910, by Dr. Geo. C. Dunlevy, for loss of voice of several months standing. Occasionally she has a slight dry cough, but at no time has she had fever nor has there been an appreciable loss in weight. There is some soreness in swallowing and increasing stridulous breathing, which is beginning to disturb her sleep, because during the non-waking hours the pressing need of air is intensified. She has always lived a good life and there is no history of infection of any kind. Examination: The mouth and pharynx are healthy and without evidence of previous disease save a slight scar near the root of the uvula. In the larynx there is extensive ulceration involving the interarytenoid tissues and false cords, with swelling and edema of the underlying and adjacent structures. Just a small portion of the reddened true cords was seen and that by attempted phonation. Under the internal use of mercury and iodide of potash and intralaryngeal injections of guaiacol

*Read before the Vanderburgh County Medical Society, February 28, 1911.

Digitized by Google

and menthol she began to improve and eventually made a good recovery with restoration of voice. Tubercular disease of the larynx may occur as a primary lesion, this, however, the exception, or again as a secondary one to disease in the lungs or other tissues, and in both cases produce aphonia. At times the diagnosis between syphilitic and tubercular ulceration of the larynx is extremely difficult, and one must not forget that it is possible for both infections to invade the larynx at the same time. The general history of the patient, together with a careful examination of the rest of the body, with microscopical examination of the discharge and experience with the usual appearances of these manifestations in the throat and larynx, will not long permit the specialist to remain in doubt as to the true nature of the disease.

Of the purely intralaryngeal affections causing loss of speech we will first mention foreign bodies which mechanically interfere with phonation. The following is an instance of such: A. R., ten years of age and residing at New Haven, Ill., was brought to my office October 29th, 1910, by his father upon recommendation of Dr. Barnett. His history is that while running in the woods the previous day he had gotten a cockle burr into the wind-pipe. The voice was reduced to a whisper with marked stridor in inspiration. The laryngoscope disclosed the burr firmly lodged between the vocal cords from whence it was removed by curved forceps.

Both benign and malignant growths may give rise to aphonia either through mechanically preventing approximation of the cords or through inflammatory action and edema. Polypoid and papillomatous growths are prone to act in purely a mechanical way as exemplified in the following patient: Tom Edwards, aged 11 years, and living at McLeansboro, Ill., was brought to see me November 7th, 1902, with a history of hoarseness for one year, then aphonia which had persisted six months. During sleep he is often aroused through choking spells and inability to get his breath. The laryngoscope disclosed a papillary growth between the anterior half of the vocal cords preventing their approximation. Under local anesthesia with cocaine the tumor was removed in a number of sittings with a laryngeal snare and speech again restored.

A highly interesting case of benign inflammatory swelling with loss of voice is the following: Mr. C. A., aged 77 years and residing in Morganfield, Ky., consulted me upon the advice of Dr. Rhea, January 16th, 1909, for hoarseness that had persisted some four weeks. His health has always been good and he thinks the disease the result of a cold. There has been neither cough nor fever but some soreness in swallowing. Syphilis and rheumatism are denied. Several of the left cervical lymphatic glands are enlarged and tender. Laryngoscopic examination showed a smooth non-ulcerated swelling involving the left arytenoid cartilage and the posterior end of the left false and true cord. The right side of the larynx is free from disease and moves perfectly in inspiration and expiration. Because of the patient's age and the swollen lymphatic glands the suspicion arose that the disease might be of malignant nature. Internally, iodalbin, gr. v three times daily was prescribed; and the larynx penciled with iodine glycerine solution. Complete recovery followed, including restoration of the voice and I may add he has remained well to my knowledge the past two years.

Simple catarrhal laryngitis may give rise to aphonia and when accompanied by edema of the subglottic region in persons past middle life, not infrequently becomes a highly dangerous malady. Secondary edema, the result of tuberculosis or syphilis of the larynx or malignant involvement of that organ or the result of some general blood disease, or disease of a distant organ as the kidney or heart, is a prolific cause of aphonia. Of the extra laryngeal causes we may mention paralysis of one or more of the intrinsic laryngeal muscles through neuritis or pressure on the trunk of the pneumogastric or recurrent nerve or the spinal accessory at or a little way beyond its exit from the skull. Since the left recurrent nerve begins deep within the thorax it has a longer course to the larynx than the right nerve, and hence is more exposed to such harmful influences as aneurism of the aorta, mediastinal growths, pericardial and pleural effusion. The right nerve may suffer through pleural disease at the apex of the right lung, through aneurism of the subclavian, while in the neck both nerves may suffer compression by tumor formations, enlargement of the thyroid or injury from incised or lacerated wounds.

A good illustration of voice impairment from goiter is seen in the following case: Mrs. O. J., aged 62 years, consulted me September 29th, 1910, for hoarseness with dyspnea and cough. Since the past three years she had a goiter and suffered with thyroid autointoxication. My examination disclosed very extensive enlargement of the left lobe, the right also highly involved, likewise the isthmus which covers in the

Digitized by Google

trachea as far downwards as the sternal notch. With the laryngeal mirror it was seen that the abductor muscles of the cords were paralyzed and instead of the glottis opening with attempted inspiration the vocal cords remained in rather close approximation. It was easier for the patient to get the air out of the lungs than to draw it in. During the ensuing two weeks the disturbance in breathing became so great that sleep was impossible and the patient was finally obliged to undergo a too long deferred operation for removal of the colloid growth at the hands of a general surgeon with an unfortunate termination, in that she died on the operating table.

Of the spinal and cerebral diseases in which speech disturbance occurs we will first name locomotor ataxia. In it we meet with two kinds of laryngeal symptoms, those due to spasmodic contraction of the larynx muscles and those due to paralysis of these muscles. The term ataxic laryngeal crises means an expression of paresthesia in the larynx, such as burning or tickling, followed by paroxysmal cough, much like that of whooping cough or instead of cough phonatory laryngospasm. In either case the attack may be attended with loss of consciousness and even asphyxia. Such attacks may repeat themselves a number of times during the day or a single attack may be followed by a period of freedom for months or years. The paralytic manifestations may be unilateral or bilateral and involve a single or all of the intrinsic laryngeal muscles. When but one of the glottis opener muscles is paralyzed the loss of function may not disturb the patient but if both of these muscles are involved, grave symptoms of persistent dyspnea occur. Affections of the speech have been reported in multiple cerebrospinal sclerosis, syringomyelia, in both true and pseudo bulbar paralysis and progressive muscular atrophy.

Among the organic intracranial diseases in which aphonia occurs we find embolism and hemorrhage, foci of softening or abscess or tumors or syphilitic disease in the cortical center presiding over the laryngeal muscles; I make this statement notwithstanding the existence of such a center is still a matter of dispute; or in the nucleus in the medulla oblongata in which the pneumogastric and spinal accessory names take their origin, or in the motor paths which interconnect these two centers.

Aphonia is not a frequent accompaniment of brain tumor because such growths involving the medulla are rare; nevertheless, cases have been reported from direct involvement of these parts and through indirect distant compression.

Ere concluding with the essential palsies of the speech muscles, I will mention that uncorroborated cases of aphonia have been reported as the result of chronic arsenical and lead poisoning. There still remains for mention, loss of voice the result of the neuroses such as hysteria, hypochondria, neurasthenia, laryngospasm, chorea, dementia paralytica and paralysis agitans. It has been my experience to meet with a case of the latter where for many years the patient was unable to converse because of unintelligible speech the result of tremor and inco-ordination of the phonatory muscles. Hysterical aphoni does not correspond to that found in true motor nerve palsy because the inability to talk is of a psychic nature, as evidenced by the cords approximating perfectly during examination when a patient is first asked to phonate, then separate and imitate paralysis. Moritz Schmidt* makes three groups of these cases: first, where the voice may have been lost for some time and immediately reappears on laryngoscopic examination, although soon after it may again be lost; second, where the voice is not found during examination and the patient only whispers; third, where the patient cannot even whisper. A good example of hysterical aphonia is the following: Mrs. D. B , aged 29 years, a widow and of a highly nervous temperament, consulted me May 30th, 1910, because of inabiilty to talk. Seven weeks previous, without known cause, she suddenly lost her voice. The attack is the second she has experienced, the first occurring three years ago, likewise without cause and persisted two weeks. With the laryngoscope no lesion was detected in the larynx, the glottis movements during respiration being normal. Under the use of the faradic current within the larynx and each time with its interruption forcibly requesting the patient to utter aloud some word, the voice was restored at the second sitting.

Free Eyeglasses for Public School Pupils.—A bill was introduced into the New York State legislature on March 24, requiring the Board of Education of the city of New York to furnish free eyeglasses or spectacles to pupils in the public schools upon certificates from the principals of the schools that such glasses are needed. The Board of Estimate is required by the bill to appropriate at least $15,000 for this purpose.

*Die Frankheiten der oberen Luftwege, page 582.

Digitized by Google

SUPPLYING ANATOMICAL MATERIAL.

G. HENRI BOGART, M. D.

BROOKVILLE, INDIANA.

The recent stories of grave robberies found in the general press, have induced me to think that this is an appropriate time to tell the public how we Hoosiers have got rid of the one horror of the public for the profession, the furnishing of subjects for the dissecting table.

There is a feeling of terrible repulsion with the average layman on the "decseration" of the human form—the "House we live in"—that is almost inexplicable to the trained medical man.

This feeling has been intensified by the fact, of which we are all cognizant that there was something sub rosa in the supply of such material for the surgeon and the student.

Burke, of Scotland, gave a new infamous word to the language, when he was executed for the crime of killing human beings that he might sell the bodies to the surgeon, and his damnable vocation, with the currency of the story, only served to crystallize public opinion against us.

Nor are such instances solely of foreign source, or of ancient periods. The last man to be hanged in an Ohio jail, ere the law was amended to provide for state's prison electrocution was a negro named Ingalls. With a partner, Johnson, he had gone to a suburb of Cincinnati and smothered an old man and his wife, with their little granddaughter, that they might sell the bodies to a medical college. Johnson died in jail, and I had the pleasure of seeing the other fiend swing into eternity.

In 1902, and earlier, there was a ghoul, a negro, Rufus Cantrall, operating as a body-snatcher out of Indianapolis, he supplying about all the material needed for the Indiana schools, and who after a number of sensational cases was finally caught with some of his helpers.

For six months the disgusting affair furnished a superabundance of yellow matter to the lay press, and while conviction was secured for the actual operators, there were some prominent folks who suffered in standing and credit, and were indeed lucky to keep their liberty.

The legislature of 1903 passed a bill, known as the "State Anatomical Law," and creating a board with powers somewhat similar to those of the board similarly named in Missouri.

Of this board, the president of the State board of health is ex officio chairman, and there is one representative from each medical and dental school in the State, the latter selected by the respective faculties.

Every person in the state "being a public officer, agent or servant of any and every county, town, village, city or other municipality, or of any almshouse, poorhouse, prison, morgue, hospital, asylum, jail, lockup, station-house, work-house, or other public institution, or of any or every charitable institution, having possession, charge, or control, of the dead body of any person not claimed by relatives, nor the legal representatives of such relatives, and which shall be required otherwise to be buried at the public expense or at the expense of any one of such public institutions," is required to notify the anatomical board, or its agent of the having charge of such body, under penalty of from $100 to $500.

The board makes its own rules and regulations, which provisions shall have the full force and effect as statutory law.

The law is very explicit in features for the equitable distribution of subjects, first among the colleges, then to the biological schools, and lastly to physicians and surgeons for private study.

Any of these classes to be eligible to the services of the board, must file a penal bond in the sum of $1,000, and must keep a complete record of the disposition of the bodies, which record must at all times be open to the examinations of the board, or of the prosecuting attorney.

The public treasury does not pay out a penny, even the office of the board must be secured for its own use, outside of the state property, and there is a special clause prohibiting the public funds even being loaned to this board.

At first there was a lot of friction until the manner of operation was learned by experience, but now the law works perfectly. The official who comes into possession of such a body, notifies the agent of the board at the state capital, giving a description of the body and its condition. If it is wanted the undertaker of the given locality who attends to the matter, embalms the subject with commercial formaldehyde and ships it with the certificate and receives a check for $10 for his services and the shipping expenses.

In the earlier days of the law we had trouble with the over-zealousness of undertakers who would use too much and cook the subjects. I had one old woman, who weighed eighty pounds, into whom the embalmer forced three quarts of 40 per cent solution, and a friend who tried to use it told me eloquently of its condition.

When the body arrives at the depository

Digitized by Google

it is placed in storage until called for. With each body there is the certificate of death as adopted by the U. S. Census Bureau, and that record accompanies the body through all the steps to its final disposition.

If a body is not needed, or is not up to the standard required, it is given the usual pauper burial.

No bodies are sold otherwise than as the law provides under any consideration. The cost of bodies varies somewhat. At the capital, where there is no expressage, and the undertaker rebates for the box, the cost is $7, while at this distant part of the state, the expressage brings the cost up to $21, in consequence of which, unless we have a remarkably good subject, ours are not now called for. There are about twice as many bodies available as can possibly be used.

Including all the administrative charges the average cost to students is now about $18.

We who worked under the old haphazard regime, when we used to bribe the janitor to get us a good subject, when all sorts of material was brought in in all sorts of ill condition, can surely appreciate good, clean, dry material, each with its life history attached. We can appreciate the release from the old days, when we all too frequently, had to wink at horrible violations of the law and of common decency, and were forced to associate, no matter how repugnant to the feelings with the lowest of malefactors.

This law does not put a penalty on poverty, for the provision as to the claiming of the body does away with that hardship.

To illustrate: I as coroner had a case of a wandering smokestack painter, killed, and found that he had a cousin living in an adjoining county. I phoned to him, and though he was too poor to come he claimed the body, and the county gave it burial in the potter's field.

A special clause provides that any medical man or school may accept the gift of a subject or make any postmortem, or dissection when authorized in writing by the person having the requisite control over the body in question.

It were better that such laws should come as the result of calm reason, rather than as the flare of horror over cases, such as the Cantrall matter, which enabled our state board of health to secure this wise enactment.

These advance movements are only possible through the action of the medical men, and this is my excuse for this paper.

PERSONAL EXPERIENCE WITH SPECIFIC VACCINES.*

E. E. CLARK, M. D.

DANVILLE, ILL.

Eye, Ear, Nose and Throat Surgeon to Lake View Hospital.

The use of bacterial vaccines implies, at least, a limited knowledge of the principles of immunity.

What is it that makes so many infectious diseases self-limited. It is this process of immunity that is inherent in the tissues and fluids of our bodies. The cellular and fluid elements of our bodies so adapt or modify themselves that they afford protection against influences which without such adapation would bring about cessation of activities and finally death. Within certain limits the individual may be regarded as having gained, through inheritance, a relative immunity toward the action of all physical, chemical and organized agents which constitute his normal environment. In the course of infectious diseases and those caused by certain organic substances there are developed within the system certain so-called "antibodies" by means of which toxic matters are neutralized so that the system becomes protected, the morbid process subsides and convalescence follows.

A study of immunity embraces a knowledge and application of toxins, antitoxins, agglutinins, preciptins, cytotoxins, bacteriolysins, opsonins, aggressions, anaphylaxis, phagocytosis and the side chain theory of immunity. A toxine is usually defined as a poison against which it is possible to gain immunity by means of an antibody. Toxins are, one and all, the product of cell metabolism, they act in most minute doses, they diffuse with difficulty, and so far not one of these has been positively obtained in a state of purity.

In discussing the principles of vaccine therapy Adami says that it may be laid down as a broad principle that bacterial infection is primarily local, and that even the microbes spread from the primary focus, nay even when a bacteriemia is set up, there still persists tissues of election in which alone those bacteria find conditions for active growth.

The second great underlying principle to be recognized, says Adami, is that once bacteria have established themsevles within a given tissue and have undergone proliferation there, that in itself is a sign that that particular tissue is not immune, that the subsequent arrest of their growth is not

*Read before the Hoopeston Medical Society, December, 1910.

Digitized by Google

due to an exaltation of the bactericidal powers of the local tissue, but is due to aid contributed by the organism from without. On these principles we have the situation, most of the infections we see are localized and are established or become so while we are watching the progress of the case. Aid must be brought from without, and this we do by injections of antogenous vaccines made from the particular strain of bacteria infecting the case.

How now does one or repeated doses of vaccine effect the local or general condition?

Metchnikoff has shown us that the polymorpho nuclear leucocytes are the scavengers of the body going about devouring, under normal conditions, those elements, organic and inorganic, inimical to the well being of the body they inhabit, in other words they are the house cleaners. This process is called phagocytosis and can only take place when the so-called opsonins are freely circulating in the body fluids. Opsonins are not introduced into the body when we inject, say 300,000,000, dead bacteria in a vaccine emulsion. The dead bodies of these bacteria in some way excite the opsonin producing mechanism which causes them to be thrown off into the body fluids, come in contact with the bacteria in the location of infection, and by their influence on the bacteria render them more susceptible to the leucocytes which now greedily devour the bacteria until finally all bacteria are destroyed then nature kindly heals the lesions left by the greater or less ravages of the infection.

Phagocytosis, primarily, seems to be a process whereby the leucocytes gain nourishment, these cells take up both organic and inorganic particles, such particles if unfit for assimilations are discharged but if capable of affording nourishment stimulate the formation of a digestive vacule around them, in which vaculole we have indications of the presence of digestive ferments, and, lying thus in the fluid, the foreign matter is seen, microscopically, to undergo solution until all that remains are a few granules of unassimilable debris which are eventually cast out. Bacteria seen in these digestive vacules swell, become colorless and then dissolve, if for instance a small loop full of staphylococcus is added to a mixture of serum and leucocytes and kept in the incubator at 37 degrees C. for fifteen minutes and then a drop of this mixture examined, the number of cocci seen within the leucocytes and undergoing digestion is very remarkable.

There can be no question about the importance of phagocytosis in the destruction of bacteria that have gained entrance into the system.

Vaccines can be used by the most of us only under certain conditions, otherwise it becomes too dangerous; first we must familiarize ourselves with the basic principles of infection and immunity. We must develop sufficient bacteriological technique to differentiate a few, at least, of the common species of bacteria, prepare and standardize bacterial emulsions and learn their use.

I want here to add my voice against the use of stock vaccines as manufactured and placed on the market by our leading pharmaceutical houses. They may be a very excellent product, but workers of large experience have shown that antogenous vaccines only are dependable. Some of the beautiful results I have had has been from vaccines I made direct from the individual patient.

The few cases I can report will naturally divide themselves into those in which the vaccines can reasonably be supposed to have been the curative agent, those in which vaccines may have had some influence and those in which vaccines apparently had no effect.

Case 1.—Miss Mable F., age 21. Three weeks before seeing her she had a so-called attack of "grippe;" previous health good, personal history good; father died of tuberculosis. The last ten days before I saw her she had some pain in left ear with discharge of pus. The pus became somewhat less with some increase in pains. At noon, March 26, I saw the case in consultation with Dr. Maggie Downes found all the well marked symptoms of a well advanced mastoid abscess with the external auditory canal filled with granulations confirmatory of Dr. Downes' suspicions. I saw her again in the evening and advised an operation the next morning. At time of operation I found wide destruction, the membranous lateral sinus exposed as a result of bone necrosis. After operation the progress was uneventful, the cavity filled up rapidly, but at last I was faced with the fact that there was a fistula leading down to a point of dead or at least uncovered bone. This I knew meant a secondary operation which the patient was as loath to hear of as I was to tell. I suggested that as there was probably no immediate danger we could try various surgical expedients to stimulate granulation and in the event of failure could then operate. She left the hospital and for three months I tried faithfully to get closure of this fistulous tract. During

Digitized by Google

this time I had learned that I was dealing with a pure staphylococcus infection. I had not, at that time, had any experience with vaccines. I described the vaccine treatment to the girl, and when I assured her that no harm could come to her from its use she said, "go ahead." The results were magical, for after three injections five days apart the sinus was closed and remained closed. I inoculated agar slants direct from the fistula and from this made and standardized a vaccine giving her at the first injection 250,000,000; at the second 300,000,000, and at the third 400,000,000 dead staphylococci when the fistula closed permanently. This case leaves little doubt in my mind that the autogenous vaccine was the direct and specific stimulant of opsonin formation resulting in a sufficient phagocytosis to wipe out the infection and give nature a chance to repair all damage.

Case 2.—Mr. C. B. L., of Attica, Ind., age 54. Hard drinker for many years. Had discharging left ear for six weeks before I saw him; the last weeks of this time he came into the hands of Dr. L. A. Boling, who insisted that they come to Danville to see me. I found, as in the former case, and confirmatory of Dr. Boling's opinion, a well marked mastoiditis with urgent indications for immediate operation. I learned that the man was a very bad diabetic for the past five years. I told them of the danger of delaying operation, and also the extreme danger attending any surgical interference in the presence of so severe a diabetic condition. While he was still in my office I learned that it was a staphylococcus infection. I told him of the possibilities of vaccine treatment and explained all features. He and his physician decided to take the chance of a few days delay and see what might be done. Their gamble proved lucky. I immediately inoculated an agar slant and told him to return the second day from then, and I would have a vaccine ready. The first injection consisted of 400,000,000 dead staphylococci. The temperature which had been going to 101 stopped the next day and never was found elevated again. The pain in two days was much less and receded steadily until entirely gone. The swelling behind the ear gradually disappeared along with the discharge of pus from the external auditory canal. This recession of all symptoms took place under repeated doses of vaccine at intervals of three to five days, and I increased the dosage up to 800,000,000. Altogether he received 8,400,000,000 dead staphylococci. Coincident with the clearing up of this mastoiditis the sugar left his urine until not a trace could be found. I regard this as another case in which the vaccines can reasonably be supposed to have been the curative agent.

Case 3.—Walter K., age 9; good previous health. Took cold the mother said following by pain in the ear and acute otitis media developed. Dr. H. S. Babcock was asked to see the case and diagnosed it mastoid abscess, and asked to have me see the case. I confirmed his diagnosis, but we decided to delay operation a few days. In five days the condition being no better the child was taken to Lake View Hospital and the simple radical operation done. This case like case 1, pursued an uneventful course, with the exception of there being a remaining fistula leading down to the region of the antrum. As in case 1, I tried various means to stimulate granulation, but to no avail. Here again the staphylococcus was the infecting organism, vaccines were made and after four weeks use the fistula closed.

Case 4.—Mrs. A., age 26. Has not breathed through the nose for eleven years. Operation for polypi completely filling each nasal cavity. Following a complete eradication of each ethmoid region there developed mixed infections of staphylococci and colon bacilli. The discharge of pus from the nose was enormous and extremely offensive. This continued for five days; on the sixth day I gave an injection of 200,000,000 staphylococci and 100,000,000 colon bacilli. Next day the discharge was 50 per cent less and the odor 75 per cent less. I do not say the vaccine did this, it may have been purely a coincidence, but it certainly was a sudden cessation of quantity of pus and degree of offensive odor.

Case 5.—C. E., age 7; good health, chronic suppurative otitis media; left ear colon bacillus infection. Persistent and faithful use of autogenous vaccines, with absolutely no results.

My results have been such that I can not help being an enthusiastic advocate of the use of vaccines. To be sure great care is to be used and much time is consumed, but we are supposed to exert every effort for the benefit of those who entrust us with their physical ailments. Brilliant results always amply repay us for any energy expended.

313 The Temple.

Subscribe for the Medical Fortnightly.

Digitized by Google

IMPORTANT DIFFERENCE BETWEEN THE OPSONIC NEGATIVE PHASE AND THE CLINICAL NEGATIVE PHASE IN BACTERIAL THERAPY.*

F. E STEWART, PH. G., M. D.

PHILADELPHIA, PA.

There is a vast deal of difference between the opsonic negative phase, resulting from what may be termed a physiological dose of bacterial vaccines, and the clinical negative phase, resulting from a toxic dose (just as there is a great difference between physiological and toxic doses of all the potent drugs in the materia medica, such as morphine, strychnine, digitalis, etc.). Knowledge of this difference between the opsonic negative phase, following a physiological dose of bacterins, and the clinical negative phase, resulting from large doses, is an important factor in guiding the physician in calculating doses, both as to amounts and intervals.

This difference between the opsonic negative phase and clinical negative phase was recognized by Wright in his first papers. He calls attention to the fact that immediately after the injection of a bacterin (bacterial vaccine) a period follows in which there is a decrease in the amount of specific opsonin, in the blood of the patient, due to this being used up by the dead bacteria injected. This is followed by another period in which there is an increase in the opsonin in the blood, the increased amount being due to the stimulation of the tissue cells by the injection and the formation of antibodies, including opsonin.

This decrease of opsonin, followed by increase, he illustrates by means of a chart in which the rise and fall are indicated by a curved line, the negative and positive phases being shown by successive steps which graphically portray the gradual increase of opsonin in the patient's blood from the proper use of bacterial vaccines.

But Wright also calls attention to the fact that "if a proper dose of vaccine has been injected, no clinical symptoms should be produced, even during the negative phase. In other words, there should be an opsonic negative phase, but no clinical negative phase. Leary (1) makes the same statement in other words, in a paper recently read before the meeting of the Rhode Island State Medical Society, when he says: "Ideal immunizing response can be produced without the toxic negative phase. Physiological doses of vaccine should be followed by an immediate production of antibodies without toxic action."

Floyd and Worthington (2), describing the effect of toxic doses of bacterins, state: "Only twice have we seen a rise in temperature, with nausea, vomiting, and diarrhea, and that in childern. These symptoms readily pass off and are followed by a sense of well-being lasting several days and most gratifying to the patient."

It is evident from the experience of the many competent observers who are working in the field of bacterial therapy, that no harm is to be apprehended from initial large dose of bacterial vaccines. The killed bacteria contained in the large doses are small in amount compared with the number of bacteria in the infected area, and the injection does not materially add to the amount of toxic substances already present in the patient's body.

But it of course follows that if excessive doses are given successively and at frequent intervals a permanent clinical negative phase is produced and failure must necessarily result.

The strongest kind of emphasis should therefore be given to the distinction between the opsonic negative phase resulting from physiological doses of bacterial vaccines and the clinical negative phase, resulting from toxic doses. If this difference is borne in mind, the knowledge serves as a guide for controlling dosage, both as to amounts and intervals. The general practitioner must rely upon clinical control in determining the dosage. If a dose is given and there are no observable results from the injection, it is safe to assume that the dose was too small and that it should be increased. If the patient improves, the same dose may be repeated as long as an immunizing response is obtained. If a clinical reaction occurs, shown by an aggravation of symptoms, the dose is too large and the next injection should be smaller.

512 S. 13th St.

Cotton Seed Oil as a food is growing in popularity in this country. This is particularly true of Canada, where the oil is replacing butter and other animal fats as a food. It is likely that its use will increase in spite of a decline in the price of animal foods and butter.

---

*Read before the sixth annual meeting of the International Medical Association of Mexico, held at El Paso, Texas, October 27-29, 1910.

(1) "Immunity with Special Reference to Vaccine Therapy," by Timothy Leary, M. D., of Tufts Medical School.

(2) "The Value of Vaccine Therapy to the General Practitioner in the Treatment of Bacterial Diseases," Boston Medical and Surgical Journal, January 2, 1908.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES;

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Physicians and the Drug Addictions

The profession and the laity have lately been shocked by the announcement of an eastern extremist, in an address which is supposed to have been scientific and accurate, to the purpose that a tremendous percentage of medical men are drug habitues. We have not his figures at hand, but they were so intemperate that we feel safe in denying them, the facts are sufficiently shocking without indulging in exaggeration. We cannot deny however that some physicians are drug "fiends," nor that there are those who resort to narcotic drugs with patients, who are suffering, with an apparent indifference to the possibility that they are introducing the patient to something vastly worse than the disease from which he is suffering. Fortunately for the good repute of medicine the lazy men in medicine, who will resort to narcotics because there is work to be done which can be postponed through this agency, are few; and we believe that the few should be located and weeded out by those in authority over the profession, the good repute of medicine demands it. That morphine and cocaine addictions are growing more common, and that the subject is becoming a problem which must be settled by its absolute end is known to some physicians and to some of the laity. The problem of alcoholic intemperance, were it not more common, would be insignificant in comparison, it is vastly less harmful to the individual. We have lately been privileged to know something of a system of treatment for drug addiction which is conducted on an ethical basis and deals only with physicians; it was something of a revelation to us the extent of the demand for such treatment. Prior to this we had believed that it was necessary to success that such patients be treated in an institution where their every movement would be under supervision, but we have seen such a bulk of evidence of successes where home treatment was given that we are converted to it in a large number of cases. Such treatment is a probable failure where the patient is not eager to be relieved of the habit, and it is a frequent failure where the physician himself is the patient. This for reasons perfectly apparent; a patient who does not wish to quit will indulge on the side unless he is restrained from so doing, the physician-patient needs an authoritative mind over him, such as he would be were he administering the treatment to another. Another discovery which this opportunity led us to was the fact that heroin, veronal and trional are drugs to be classed with morphine and cocaine in that there are those in all sections of the country who are clamoring for treatment for the habitual use thereof; heroin should be classed with morphine and possibly placed before it as the more insidious. This has been a revelation, for we have believed that any one of these three might be safely used with a considerable freedom. We are studying our own responsibility for past administration when we, through a feeling of assurance that they caused no habit, used them with no particular precautions against repetitions of prescriptions containing them. drugs. Here are five drugs which are tremendously valuable and beneficent in their action which possess the property of creating such a demand as to make them an absolute curse to the user. And there are others. The time has come when physicians must protect their patients against such habits in one or another of the ways which we can command. And the physician who allows himself to drift into such an addiction is not a safe man to be in charge of patients. Much of this evil which today appears had its origin in lack of information, but there is no longer excuse for ignorance, and indifference is near criminal. The day is past when there is doubt or question as to the probability for the patient who is turned loose with one or another of these drugs and allowed to use it with only his real or imaginary symptoms to guide him in its continuance or discontinuance. Fortunately for the good repute of the profession it is very exceptional that a physician disregards this responsibility, but it happens just often enough to make us feel that there is an urgent demand for greater care.

When resecting the cecum be careful not to tie the mesentery to the ascending colon too close to the bowel—the anastomosing loop of the ileo-colic and colica media lies very near the gut.—Amer. Jour. of Surg.

Digitized by Google

Micro-organism Found in the Blood in Acute Poliomyelitis.

The recent announcement of Drs. Dixon, Fox and Rucker, of the Laboratory Department of the Department of Health of Pennsylvania, of a micro-organism peculiar to the blood of patients suffering from poliomyelitis creates considerable interest at this time. This disease is appearing in so many sections of the country and is so baleful in its mortality and sequelae that every investigator feels duty bound to interest himself in finding the cause of the disease, and for it a remedy. Whether or not the micro-organism found in the Pennsylvania laboratory prove to be the cause remains to be determined, but it is a possibility, and as such is of general interest to the profession. Dr. Dixon and his associates report their discovery as follows:

"In examining the blood from acute cases of poliomyelitis in the human beings and also in monkeys, in which the disease was produced experimentally, an organism was found, different in morphologic characteristics from any heretofore described which may or may not, on further investigation, prove to be the etiological factor in the causation of the disease. Blood smears being fixed in methyl alcohol for one minute and stained with carbol-thionin, the organism appears as a faintly stained blue rod with regular cell wall about 10 microns long and about .8 microns in width, curved at an angle of sixty to seventy-five degrees at one end, occasionally at both ends. At times, the curved end is bulbous. Some of the organisms appear to have a very finely granular protoplasm when the highest amplification is employed. They may be discerned by means of a 4 m.m. dry objective but their characteristics are much more satisfactorily delineated under the 1-12 oil immersion lens. They are found free in the serum as well as within the body of the red blood cell.

"The organisms do not retain the violet color when stained by the method of Gram but assume the color of the counter stain which, as generally used in this laboratory, is a very dilute solution of carbol fuchsin.

"The bloods examined were from ten different cases of acute poliomyelitis in children and were taken during the epidemic of last summer and autumn, and from thirteen cases of the disease during the acute stage, which had been produced experimentally in as many monkeys.

"Blood smears from three normal human beings were carefully examined and although the search for these organisms was diligently made, none were found. Smears were made from the bloods of thirteen normal monkeys with negative results. After inoculation with the virus these same monkeys gave positive results. The blood of other normal monkeys gave negative results.

"Blood smears were stained with iodine and sulphuric acid in order to test the organisms for cellulose, but no blue stained organisms were seen.

"Smears from the cords and brains of paralyzed monkeys, and from one human case were examined, but none of the new organisms were found.

"Filtered virus stained with carbol-thionin and by Gram's method showed none of these organisms.

"Defibrinated blood, three weeks to two months old from two paralyzed monkeys showed the forms in increased numbers.

"Cultures made from the blood of a paralyzed monkey, in blood bouillon, plain bouillon, and blood agar, examined after having been inoculated three weeks, showed the presence of the organism in increased numbers. Dorsett's egg medium was inoculated with the same blood at the same time but the organism was not found in smears from the surface of the medium or from the water of condensation.

"We have searched without success for moving organisms in fresh blood, in old tubes of defibrinated blood from paralyzed monkeys, in blood bouillon, plain bouillon, serum bouillon cultures three weeks old and in the condensation water in three weeks old cultures on Dorsett's egg medium under dark field illumination.

"Success in isolating fhe organisms has not attended our efforts as yet."

Death of Dr. Albert S. Ashmead.

Few medical names are more familiar to the American profession than is that of Albert S. Ashmead, who, during the sixty years of his life, was a man with ideas and a gift of expressing them. His numerous scholarly contributions to the medical press introduced him to medical readers not only of America but the world over, and general sorrow comes to us all in the announcement of his death, which occurred at Philadelphia on February 20th. During the earlier years of his medical career Dr. Ashmead served in a professional capacity the government of

Digitized by Google

DR. ALBERT S. ASHMEAD

Japan, and through this connection he gained a knowledge of leprosy and certain of the tropical diseases which marked him an authority. His greatest work was done in this connection, though his articles on Prehistoric Syphilis will go down to future ages. We have considered it a privilege to count him among the contributors to the Fortnightly.

ST. LOUIS ITEMS

The Barnes Hospital to Be Built.—Some fifteen years ago Robert Barnes died in this city leaving an estate which was then estimated at about a million dollars for the construction of a hospital, his fund being under the control of a board of his selection. Years passed and nothing was heard of the hospital, but there were reports that the fund was growing satisfactorily. Recently the Barnes heirs appealed to the state courts that this money be turned over to them, as there appeared to be no reason to believe that the purpose of Mr. Barnes was to be carried out. Judge Kennish of the State Supreme Court handed down his decision in the case on March 31 sustaining the trustees of the fund. This fund now amounts to approximately $3,000,000, and will provide for the construction and endowment superior to that of any other institution of the kind in St. Louis. It is stated that construction will be started soon.

New Hospital Internes.—Results of the examination for interneship in the St. Louis municipal hospitals were announced on March 30th, and we publish the names of those who made the passing grade herewith. An unusual number took the examination this year, which speaks well for the reorganization of our hospitals. Before assigning the internes an agreement is exacted from them that they will devote the year to the service to which they have been so fortunate as to gain admission, those who are unwilling to undertake an agreement will be excused before they begin. The following passed the examination: Edgar M. Allen, L. M. Ambrose, G. E. Anderson, William G. Atwood, John W. Baker, Carl J. Bartlet, J. F. Barton, W. C. Barton, Charles M. Bauman, J. F. Beatty, Frederick Binder, Charles E. Boutros, A. W. Brennan, Eugene L. Broecker, M. A. Broemser, G. C. Bullington, Thomas B. Butler, F. McLean Campbell, Roscoe P. Carney, Emory Coyle, John W. Crossan, Robert L. Crum, Thomas M. Davis, A. H. De Masy, R. C. Derivaux, J. T. Dixon, Valentine Deering, T. C. Doolin, J. C. Drake, C. P. Dyer, Charles H. Eyermann, W. H. Fickel, R. R. Frizzell, Charles L. Garris, Ross W. Griswold, Carl C. Gunter, E. N. Hagin, G. M. Hamilton, W. J. Haris, William D. Hawker, Frank W. Haynes, C. H. Hecker, A. S. Helthaus, Francis S. Henry, G. H. Hodgson, C. H. Holaday, J. L. Huton, Ralph A. Kinsella, Henry F. Knabb, Henry Knowles, H. H. Kromolowski, James Lewald, O. Like, Graham Lisor, Charles R. McGann, F. P. McManus, John A. Maller, G. L. Mathews, L. H. Mestemacher, A. H. Meyer, Nathan K. Mills, Lewis Motl, A. A. Mulach, C. E. Mullinax, Irving H. Neece, E. N. Neulen, D. L. Penney, W. D. Peit, James E. Phillips, Ambrose E. Poter, J. A. Pringle, Louis Printy, W. A. Rohlfing, Lawrence A. Ryan, D. D. Sanderson, William D. Scott, Hugh R. Shannon, L. G. Shroat, O. O. Smith, R. C. Smith, Fred Spencer, J. J. Sprakfa, A. W. Stein, Thomas Stines, Joseph L. Swarts, John D. Van Cleve, A. C. Vickery, L. G. Washington, August Werner, Elliott H. Wheeler, A. H. Wichel, Charles C. Winning, Sidney Wolfermann, Harley Yandell.

The bill attaching a salary of $25 a month to the position of interne, after six months' service to the hospital, has passed the Assembly and is now in Mayor Kreismann's hands.

Hydrastis is a most reliable remedy in uterine hemorrhage, but in severe cases it must be given in large doses.

Digitized by Google

NECROLOGY

DR. WARREN B. OUTTEN—AN APPRECIATION.

If I were asked to mention the most prominent characteristic of the late Dr. Outten—the phase of his character which stood out more prominently than any other—I would with entire assurance place his friendship and love for the men young in medicine as first among his many estimable characteristics. Dr. Outten realized the difficulties which beset the path to success of the struggling young physician, and his kindly advice and encouragement, not only in words but in actual and material assistance tactfully proffered, can be testified to by more than one physician whose success is now assured. Many men now occupying important professional positions attribute their success in a high degree to the quiet, unselfish help and wise advice of Dr. Outten. Perhaps the reason for this signal characteristic was that he kept his heart young and his love for his profession constant and supreme. Even after the years of his greater activity he lived in medicine, his mind was ever open for investigation; and nothing new was ever advanced which did not interest him and cause him to devote his energy to the proper estimation of its worth, himself taking the initiative in many cases to discover new truths.

His passion for work was untiring. For years, in the hours between the duties demanded of him by his official position, he was devoting much time to literary work, medical and otherwise. He had nearly completed a treatise on The Surgery of Violence, which was to have been a volume of some pretention and much original thought and labor. For years he had been a frequent contributor to the medical press and his scientific articles were always such as to be appreciated by both medical editor and reader. He published the earlier numbers of a biographic series on which he was working in the Fortnightly some months since, and but lately he had signified his intention to complete it and then to follow it with a considerable series of autobiographies which he had collected and edited. Perhaps the best proof of his deep love for his fellows in the medical profession is demonstrated in the several hundred autobiographies, largely from surgeons to the road for which he was for so many years the chief medical officer, which he had assembled. He felt that the lives of silent privates in the ranks of the profession furnish many incidents of unselfish work, of disinterested sincerity, and indicate many beautiful examples typical of the life of the true physician. These constitute a medical history which will be invaluable after years, it was with selections from these that Dr. Outten planned to make the series for the Fortnightly mentioned above.

Dr. Outten was born in Lexington, Kentucky, December 3d, 1844. He was the son of Warren and Mary I. (Morris) Outten, with whom he came to St. Louis when a child. He was educated in the St. Louis Public Schools, Christian Brothers College, Wyman's Academy, and received his medical degree from the St. Louis Medical College. Beginning practice in 1866 he became prosector of the chair of Surgery of Humboldt Medical College. A year later he became demonstrator of Anatomy in St. Louis Medical College, and from 1868 to 1870 was Professor of Anatomy at the St. Louis College of Physicians and Surgeons. In 1875 he became chief surgeon for the St. Louis Iron Mountain and Southern Railway, and in 1884 held the same position for the Wabash Railroad. In 1884 he organized the St. Louis hospital of the Missouri Pacific Railroad and shortly thereafter organized hospitals at Danville and Springfield for the Wabash Railroad and organized many others in various parts of the United States. In 1909 he resigned the position of chief surgeon of the Missouri Pacific Railroad and has since maintained the position of consulting surgeon.

In 1892 Dr. Outten was honored with the presidency of the American Association of Railroad Surgeons, and was elected president of the St. Louis Medical Society.

He was a member of the St. Louis Medical Society, the Missouri State Medical Association, the American Medical Association, the St. Louis Surgeons Club, the Medical History Club, the Academy of Science, and of various other societies.

Dr. Outten is survived by his widow, who was Miss. Mary F. Burnett, and five children.

HENRY J. SCHERCK.

Dr. William Warren Potter, editor of the Buffalo Medical Journal, died at Buffalo, N. Y., on Tuesday, March 14, 1911, after an illness of a few weeks, aged 72 years.

Dr. Potter's life was one of activity and his high professional attainments made him prominent in the fields of medicine, surgery and literature, and the influence of his personality on medical literature will be a lasting one. His career was foreshadowed as to its success and the line of achievement by his lineage, since

Digitized by Google

his father, his grandfather, and his great-grandfather, not to mention collateral issue, were all distinguished physicians.

William Warren Potter was born at Strykersville, N. Y., December 31, 1838, and was the son of Dr. Lindorf and Mary Green (Blanchard) Potter. His academic education was received at Arcade Seminary, N. Y., and at Genesee Seminary and College, Lima, N. Y. He then entered the medical department of the University of Buffalo from which he received his degree in 1859. Upon the completion of his medical studies he formed a partnership with his uncle, Dr. Milton E. Potter, of Cowlesville, N. Y., and began the practice of medicine.

At the beginning of the civil war, Dr.

DR. WILLIAM WARREN POTTER.

Potter offered his services to the government. He passed the examination of the army board at Albany a few days after Fort Sumter was taken and in the summer of 1861 was commissioned assistant surgeon of the 49th regiment, New York volunteers; he served in the army of the Potomac under McClellan during the Peninsula and Antietam campaigns and under Burnside in the Fredericksburg disaster; was left in charge of wounded soldiers while army was retreating to Harrison's Landing; was captured by confederates June 30, 1862, and had an interesting interview with Stonewall Jackson. He was confined in Libby Prison, but was soon exchanged, and returned to his regiment. In December, 1862, he was promoted to the rank of surgeon and served with the 57th regiment, N. Y., volunteers, during the Chancellorsville and Gettysburg campaigns. Soon after the battle of Gettysburg he was assigned to the charge of the 1st division hospital, 2d army corps, and continued on that duty until mustered out of service with his regiment at the close of the war. He was brevetted by the President of the United States, for faithful and meritorious service, lieutenant colonel of United States volunteers, and by the governor of New York state, for like reason, lieutenant colonel of New York volunteers.

Returning to civil life Dr. Potter practised his profession at Mount Morris, and at Batavia, N. Y., for a time, but soon returned to Buffalo, limiting his practice to diseases of women. In July, 1888, he became editor of the Buffalo Medical Journal and shortly thereafter owner as well. He was one of the founders of the American Association of Obstetricians and Gynecologists, of which he was secretary and editor of its transactions from its organization in 1888. He was a frequent contributor to medical literature and often was invited to address the more important medical bodies of the country. One of the most valuable services rendered by Dr. Potter to the medical profession was his participation in the struggle for the establishment of the New York State Medical Examining Board. During those days of factional opposition, Dr. Potter spent much time at Albany lending his aid in favor of the bill which was finally passed by the legislature, signed by the Governor, and went into effect September 1, 1891, serving as the basis of the present system of state medical examination. Dr. Potter was appointed examiner in obstetrics and gynecology of the board, and since 1897 has also been president.

Dr. Potter was a member of the American Medical Association (chairman of the Section of the Diseases of Women, 1890); Medical Society State of New York (president, 1891); Medical Society County of Erie (president, 1893); Buffalo Medical and Surgical Association (president, 1886); Buffalo Obstetrical Society, 1884-1886; president Section of Gynecology and Abdominal Surgery, First Pan-American Medical Congress, 1893; president of the National Confederation of Medical Examining and Licensing Boards, 1895-1899; secretary of the American Association of Obstetricians and Gynecologists since 1888, examiner in obstetrics and gynecology, New York State Board of Medical Examiners, and president since 1897.

Among hospital appointments held was that of consulting surgeon to the Buffalo General Hospital. Dr. Potter was a commander of the Military Order of the Loyal Legion of the United States; a member of Bidwell-Wilkinson Post, G. A. R.; and of the Army and Navy Club, New York.

Digitized by Google

Dr. Potter married March 23, 1859, Emily A. Bostwick, of Lancaster, N. Y., who died in 1906. He is survived by two daughters, Mrs. B. G. Tallman and Miss Alice Blanchard Potter of Buffalo. Dr. Potter's only son, Dr. Frank Hamilton Potter, died in 1891.

The funeral services were held at 238 Delaware avenue on Thursday, March 16, Rev. Cameron J. Davis, rector of Trinity Church officiating. Representaives from many societies and organizations of which Dr. Potter was a member attended. Dr. Augustus S. Downing, first commissioner of education, represented the State Education Department; the members of the State Board of Medical Examiners in attendance were Dr. Frank W. Adriance of Elmira, Dr. Ralph H. Williams of Rochestor, Dr. Lee H. Smith of Buffalo, and Dr. M. J. Lewis of New York, the secretary of the Board. The Medical Society of the County of Erie was represented by its president, Dr. D. V. McClure and a commitee of its members. There were present also members of the Military Order of the Loyal Legion and of Bidwell-Wilkinson Post, G. A. R.—Buffalo Medical Journal.

To Preserve Rubber Tubing.—Immerse the rubber tubing in a mixture of one part ammonia and two parts water for a time varying from a few minutes to half an hour or an hour, until the original elasticity is regained; or frequently wash the articles in slightly alkaline water. Keeping the goods in air-tight vessels will preserve them for a long time, and so will well-closed in boxes containing quicklime and ammonium carbonate.

The Advantages of Sulphur as an Intestinal Antiseptic.—Summarizing the advantages of sulphur as an intestinal antiseptic Wild (Proceedings of the Royal Society of Medicine, December, 1910) says: 1. It is almost tasteless and easy administered. 2. It is insoluble in the stomach, and the greater part of it passes along the whole length of the alimentary canal. 3. It does not interfere with the action of any of the digestive secretions. 4. It forms active antiseptic substances in the intestines when their contents become neutral or alkaline. Some of the substances are gaseous and penetrate to all parts of the intestine. 5. It is sufficiently nonpoisonous to be given in effective doses. 6. It has valuable laxative properties which promote an early evacuation of the intestinal contents. 7. It is cheap.

CORRESPONDENCE

A LETTER TO A DOCTOR WHO IS ABOUT TO ENTER THE ROAD WHICH LEADS TO QUACKERY.

Dear Doctor:—I do not know you. I have never met you. And still I am going to write to you. I do so as a matter of duty. To the question: Am I my brother's keeper? I have always answered: Yes. And when I see a young man starting on a wrong path, I try to warn him, to save him, if I can.

You have entered upon the wrong path, and I am sorry for you. And I urge you to turn back while there is yet time. I advise you to turn from the path of quackery, upon which you are, consciously or unconsciously, entering. I advise you to do so, not only for moral and ethical reasons, but because you yourself will in the end be the greatest sufferer. The man who never graduated from a medical college, the man who was never associated with the medical profession, the man who is an out-and-out quack, has no such scruples as you will be tortured by; he cares only for the money, and as long as he makes that he is satisfied. But you will suffer. When you see your professional colleagues turning away from you, when you see yourself avoided by even your personal medical friends, when you see yourself shut out from all medical societies, you will suffer. You may put up a bold front, you may try to make others and yourself believe that you do not care, that you do not give a rap for the approbation of your medical brethren, that their ostracism is nothing to you. But deep down in your soul you will feel that it is not so; you will feel that you are deceiving yourself as well as others; you will pass many sleepless nights, and your pillow will bear some heart-breaking confessions.

How do I know it? I know it because many of the better class of quacks have made those confessions to me. One man, who has made a pile of money and who, in spite of his undoubtedly quackish methods, has many excellent qualities and humanitarian inclinations, confessed to me that he would willingly exchange the plaudits of fifty thousand laymen for the approbation of one reputable medical man.

Of course, I know what you will say. You will say that you are knocking the medical profession, and going to the laity, because the medical profession is narrow, bigoted, commercialized, and so forth. I am even willing to believe that that is your real reason for leaving the profession, and not the fact that in the ordinary ethical practice of your profession you were unable

Digitized by Google

to make a satisfactory living. But, still I I would ask you to ask yourself this question: Would I have left the path of regular ethical medicine if in following it I had been making five or ten thousand dollars a year? I fear your answer would be in the negative.

But, assuming that it is so, that the profession is narrow, commercialized, etc., is it not your duty to stay on the inside and fight this narrowness and commercialism, and other abuses which have crept in the profession? Don't tell me that you cannot do it and still remain within the profession. For it is not so. I myself am the proof of it. Nobody has on occasions criticized the shortcomings of our profession more severely than I have. The Critic and Guide was organized for the distinct purpose of criticizing the abuses and faults of the medical and pharmaceutical professions. But while some narrow bigots did not like my criticizing, this did not put me out of the pale of the profession. I stayed right in, fought as hard as I knew how, and with the result that it was I, and not the bigots, that carried off the victory. It is not I that became narrower, it is the bigots who became broader—or retired into solitude.

Don't you see that by leaving the profession—for the path you are entering upon means essentially this—you render yourself entirely impotent for any good? Even the laity will cease to listen to you as soon as they find out that by the regular profession you are considered a quack. And what's more, when they want a doctor, they will consult a regular physician. Finding yourself forsaken by the profession and by the laity, you may want to turn back to the former, but you may find the portals shut. For our profession is a jealous profession and is not lenient towards transgressors.

The medical profession, that is, a part of it, for to accuse the entire profession would be wrong, may be narrow and commercialized. No profession can help being affected by the tendencies of our times, by the influence of our social and economic conditions. But a profession that counts among its members a Hippocrates, a Galen, a Harvey, a Servetus, a Vesalius, a Pare, a Maimonides, a Louis, a Trousseau, a Fournier, a Graefe, a Virchow, a Muller, a von Helmholz, a Gerhardt, a Billroth, an Ehrlich, an Osler and a Jacobi, is a pretty good profession to belong to.

Don't you think so?

Or do you perhaps think that the company of old "Dr." Grindle and "Dr." Gray and "Dr." Tilden and "Prof." Samuels and Mr. McFadden is preferable? If so, I have nothing to say.

Chacun a son gout.

Still fraternally yours,

WILLIAM J. ROBINSON,

President American Society of Medical Sociology.

Torreon, Coah., March 31, 1911.

Dr. Thos. A. Hopkins,
Managing Editor Medical Fortnightly,
St. Louis, Mo.

Dear Doctor:—We are having quite a little "shindig" in this country at present, but things are beginning to look brighter, as I see by the papers this a.m. that peace overtures are under way. Torreon being the centre of the cotton and mining industry of Northern Mexico, this affair has hurt business a great deal. We have had no communication with the city of Durango, 150 miles west, for a week, owing to the rebels having blown up seven or eight bridges. No attack has been made on this place, but there has been fighting all around here. Of course these "battles" have been nothing more than skirmishes, but almost invariably the Federal troops have gotten the worst of it. The native aversion to work sticks out all through these bridge burning episodes, as the rebels carry along with them the peaceful section hands and compel them to destroy the bridges while they (the rebels) look on.

So far the foreigners have not been molested, except in a few instances, and they have only been "asked" to contribute to the revolutionary funds. Of course there are men in the movement who believe themselves to be apostles of liberty, but most of them are out for what they can steal.

Most of the news in the United States papers is grossly exaggerated. The average newspaperman has to send copy to his paper, and if there is nothing of interest, then he makes it up.

The police are suspicious of everybody, as is natural. A funny incident happened here to an American, on St. Patrick's day. He was walking along the street with a piece of green ribbon in his buttonhole, when a sergeant of police stopped him and politely inquired the significance of the emblem. He asked him what he thought it was, and the "cop" replied "I don't know; it may be a revolutionary emblem." "No," said the gringo, "this is the Red Cross emblem." "Excuse me, sir," replied the cop, bowing himself off.

Digitized by Google

Please excuse all this, but I got started and didn't know where to stop.

Thanking you in anticipation for the reprints of my paper, I am,

Yours very truly,

W. R. JAMIESON.

In gastric dilation Einhorn gives resorcin in 3 to 5-grain doses with 20-gr. bismuth subnitrate in a watery mixture.

Special Party Returning from California.—A number of those who will attend the meeting of the A. M. A. in Los Angeles in June have expressed a desire to take their return trip through Victoria and Vancouver, and enjoy the scenery of the Canadian Rockies, with short stopovers at Banff and other notable resorts. For the accommodation of these, the undersigned is making up a party, leaving Los Angeles on Saturday, July 1, stopping at Santa Barbara, San Francisco, Portland, and Seattle, with a daylight boat ride across the sound to Vancouver. From this point the homeward trip will be over the Canadian Pacific Ry. through some of the most gorgeous scenery to be found in the world. For full information and itinerary, address Dr. Chas. Wood Fassett, secretary Medical Society of the Missouri Valley, St. Joseph, Mo.

Dr. Rose's Effort to Secure Correct Medical Nomenclature Endorsed.—At the meeting of the Medical Association of the Greater City of New York on March 20, 1911, after Dr. A. Rose had read his paper, "How May We Make Our Scientific Nomenclature More Accurate," Dr. A. Ernest Gallan offered the following resolution which was unanimously adopted:

That, Whereas we, the Medical Association of the Greater City of New York, real ize the woeful lack of etymological uniformity and exactness in medical onomantology, and deplore the use of so many hybrid terms in medical nomenclature;

And further, realizing the importance of adopting and adhering to the highest standard; therefore, be it

Resolved, That we hereby tender to Dr. Achilles Rose our heartiest congratulations for his work in the past; that we highly appreciate his uplifting paper of this evening; that we assure him of our cordial cooperation in the future. And express the hope that Dr. Rose may live to see the dawn of a new "renaissance" in American medical nomenclature when pure classic Greek may be the standard in scientific medicine.

SOCIETY PROCEEDINGS

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

(Continued from page 130.)

A Report of a Case of Post-operative Delirium.—(By Samuel T. Earle, M. D., of Baltimore, Md.)—The author stated that while post-operative deliruim was quite common before the days of antiseptic surgery, it was due then in the majority of cases to septic infection. The condition is rare now, except when due to shock, and then only as a result of a grave operation.

The minor character of the operation preceding the attack in the present case makes it more interesting, which is doubtless accounted for by the age of the patient.

Case.—Dr. A. T., aged 78, had suffered with hemorrhoids since before the Civil War (1861), but had persistently determined not to be operated upon. Early in May 1910, they became thrombosed and inflamed, at which time he consented to an operation.

The usual hypodermic of 1-6 of a grain of morphine atropine 1-120, and strychnine sulphate 1-30, was administered prior to the anesthetic. Fearing the effect of ether or chloroform, on account of his age, it was decided to administer a mixture of nitrous oxide gas and oxygen. This mixture did not keep him thoroughly anesthetized, consequently the operation was not completed as quickly as usual and as a result there was more blood lost, which did not exceed two or three ounces.

The operation was completed, he regained consciousness in a few minutes but almost immediately became very excited and delirious. Thinking this might be due to pain, ¼ of a grain of morphine was given at the end of two hours from the time he received the first hypodermic; a third dose was given at 8 p.m. three hours following the second dose. The patient continued very delirious during the night and for three days following. The second and third nights we were able to quiet him for a few hours by hyoscine hydrobromide grain 1-50, and morphine 1-6 administered hypodermically. For the remainder of the first week, the hyoscine hydrobromide 1-50 was sufficient to give him a quiet night, but the delirium continued for one week from the time of the operation, but not nearly so active as during the first few days and with some lucid intervals. His temperature did not exceed 99½, the first three days but on the fourth day it reached 100.5 and again

Digitized by Google

on the seventh day, for a short time without any apparent cause, otherwise the patient made an excellent recovery, and was able to be about the house in about ten days after the operation.

Appendicostomy A Consideration of the Preservation of the Blood-Supply of the Appendix in the Technic of the Operation.—(By Frank C. Yeomans, A. B., M. D., New York City, N. Y.)—Mrs. I. was operated upon March 21st, 1908, for ulcerative colitis. While performing the appendicostomy, one of the cecal vessels going to the appendix was punctured and tied. Three days later the appendix sloughed and a fecal fistula formed. The colon healed with irrigations, the fistula closed and the patient is well today as regards her bowel. This experience and similar experiences of several colleagues, led the writer to a study of the circulation of the appendix from a surgical standpoint.

Embryology shows the appendix to be the vestige of the original head of the cecum which failed to participate equally in development with the rest of that organ; and at an early period of embryonic life, not possessing a mesentery, derived its sole blood-supply from the cecal vessels. The latter statement is true of the rudimentary and the fetal forms of appendix, even in adults. For all practical purposes the sole blood-supply of the veriform appendix is from the posterior ileocecal artery through (a) its cecal branch, which sends one or more twigs to the appendix, and (b) its appendicular branch, which runs in the free border of the meso-appendix, sending several (usually 3-5) branches to the appendix. The cecal branch is constant and courses along the appendix on its mesenteric side, anastomosing with branches of the appendicular. Dissections of a number of injected subjects, by the writer, demonstrated this arrangement of vessels to be practically invariable. As these vessels are by nature terminal in character, there at once became evident the importance of preserving both branches at operation, if the vitality of the appendix is to be maintained entire.

No trouble is experienced in avoiding the cecal vessels when uniting the cecum adjacent to the base of the appendix to the parietal peritoneum, as they indicate their position by visible pulsation. With the mesenteric branches it is different. Most appendices are valciform and one must free the mesentery in order to straighten the lumen sufficiently. There are two ways of accomplishing this: One is to ligate and cut the mesentery, at a point far enough from the base of the appendix that the blood-vessels are preserved to that part of the appendix traversing the abdominal wall. The tip beyond the skin dies and infection is apt to extend between the appendix and abdominal wound, hence this procedure is objectionable.

The other method, here advocated and in practice found successful, preserves the arteries intact and consequently the vitality of the entire appendix. It is accomplished by separating the two layers of the mesentery at its juncture with the posterior mural peritoneum, beginning at its free border, and carefully displacing the cellular tissue with its contained appendicular artery and branches, as far as necessary toward the appendix. The two layers of peritoneum are then divided transversely to the base of the appendix, turned in and sewed, to obliterate the raw space on the posterior abdominal wall. Experience teaches that it is unnecessary to test the patency of the appendix, until the wound has healed, i.e., in four to five days.

Further precautions are not to obliterate any arteries by forceps, ligatures, sutures, torsion or tension in fixing the appendix in a position where it does not rest naturally, or by closing the wound too snugly about it.

By following this technic, the operation is without mortality and post-operative leakage of feces and hernia—the two troublesome sequelae of appendicostomy, are avoided. Appendicostomy should continue to grow in favor over cecostomy in all cases where prolonged irrigation of the colon is indicated.

A Case of Fibrosis of the Rectum.—(By J. A. MacMillan, M. D., of Detroit, Mich).—The case presented an area of fibrous tissue an inch and one-half in width which encircled the rectum. The lesion had recurred, was non-inflammatory, and caused no tendency to stricture. Diagnosis—Possibly the result of syphilis.

The Contagious Aspect of Acute Poliomyelitis is emphasized in a recent article in the September number of Archives of Pediatrics, in which Holt compiles the statistics of all epidemics that have occurred since 1907, and calls attention to the frequency with which several cases have been observed in the same family, and also to instance in which the disease appears to have been carried by a third person, and where children have contracted it by entering an infected house at the time harboring no acute case.

Digitized by Google

PHARMACY FOR PHYSICIANS.*

(Continued from page 133.)

Chemically But Not Therapeutically Incompatible.—The following prescriptions are chemically incompatible from the fact that a chemical change takes place yet the prescriptions may not be therapeutically incompatible.

1.

Quinine sulph.....grs. xxx
Acid sulph. arom.....q. s.
Elixir licorice ad q. s.....℥iv

The intent is to add the quinine to the elixir and sufficient aromatic sulphuric acid to dissolve the sulphate of quinine, but the object is defeated because glycyrrhizin, the sweet principle of licorice, is soluble only in alkaline solutions, hence the elixir is alkaline and this is neutralized by the acid which results in an unsightly precipitate and should not be dispensed without a shake label.

2.

Ammonii carbonatis.....3i
Syr. scillae .....
Syr. ipecac.....aa ℥i
Syr. tolu, q. s. ad.....℥iv

In this prescription we find both the syrups of ipecac and squill contain acetic acid which combined with the ammonium carbonate causing effervescence. It should be mixed in an open vessel and allowed to stand until effervescence ceases.

Examples of Intentional Incompatibility.—

1.

Oil mentha pip.....gtt. x
Sat. sol. boracic acid.....℥xii
Sig.: Use as gargle.

This should be dispensed with a shake label.

2.

Liq. plumb. subacet.....mxl
Mucilage acacia .....℥iv
Aqua q.s.....℥iv
ft. lotio.

Intended to form a thin astringent coating upon the skin.

Methods of mixture may produce either physical or chemical incompatibility or both while slight change may overcome it.

Examples:

1.

Thymol.....gr. xxx
Sodium borate.....grs. vl
Aqua q.s.....℥ii

If mixed together a mass floats upon the surface but if the thymol is dissolved in a little alcohol and the borax in the water and the two solutions mixed a fairly compatible mixture is obtained.

2.

Resorcin.....℥ss
Sodium borate.....℥ss
Cocaine hydrochlor.....xv
Aqua foeniculi .....℥viii
Sig.: Eye lotion.

This makes a turbid mixture. If filtered the active constituents will be removed. By simply using boric acid in place of sodium borate a clear solution results.

3.

Sodium nitrate.....℥iss
Sparteine sulph.....3i
Strychnine nit.....gr. j
Ext. digitalis .....gr. viii
Codeine.....gr. x
Aloin.....gr. v
Ft. capsules No. 60.

This prescription, when compounded, evolves nitrogen oxide and turns green. The addition of a small amount of magnesium oxide neutralizes the acidity of the sparteine sulphat.

4.

Cocaine hydrochloride.....gr. iv
Ol. amygdalae.....℥i
Sol.

Cocaine hydrochloride is insoluble in a fixed oil. Solution may be effected by the use of cocaine alkaloid.

5.

Potass. bromide.....3iv
Aqua menth. pip.....℥ii
Sol.

Peppermint water being a saturated solution a portion of the oil is thrown out of solution upon addition of the salt. The difficulty may be overcome by using one-half plain water.

6.

Tr. nux vomica.....
Tr. gentian comp.....aa ℥ss
Tr. cardamon comp., q.s.....℥viii

A precipitate will form which is due to the difference in the strength of menstruum used for making the tinctures.

7.

Fowlers solution.....
Tr. iodine Churchill's .....aa 3ii

This mixture causes slight effervescence. Hydriodic acid is formed by the combination of potass. bicarb (in the Fowler's solution) the difficulty may be overcome by using the official solution of arsenous acid, which is the same strength as the Fowler's solution, in place of Fowler's solution.

*Physicians Drug News.

Digitized by Google

8.

Tr. gentian comp.....3iv
Fluidext. taraxacum.....3ss
Fluidext. valerian.....3iss
Magnesia sulph.....3ii
Aqua q.s.....Oss

The amount of alcohol in the tincture and fluid extracts is sufficient to precipitate the salt. If infusion gentian comp. is used in place of tincture the solution will remain clear.

9.

Tr. guaiac.....3iv
Vin. colch. rad.....3ii
Syr. zingiberis.....3i
Aqua, q.s.....3iv

Guaiac is a resin and the tincture is made with alcohol without dilution; hence the resin is precipitated when the tincture is mixed with an aqueous solution. The addition of a small amount of acacia will remedy the difficulty.

(To be continued)

MEDICAL MISCELLANY

The Littlejohn College of Chicago, has brought mandamus proceedings against the State Board of Health in Cook County, because the board has refused to accept the school as a medical college in "good standing." Dr. James B. Littlejohn, secretary of the college, declares graduates have been denied permission to take the state examinations for licensed physicians. The school was formerly the "American College of Osteopathic Medicine and Surgery" and the state board has refused to recognize it because it was considered an osteopathic institution and not a medical college.

Physicians Enough Such as They Are.—"The medical profession is overcrowded. It is not overcrowded by the survival of the fittest, but by the survival of the unfit." This statement was made February 27th by Dr. Alexander Hugh Ferguson, president of the Chicago Medical Society, in an address of welcome to members of the Association of American Medical Colleges, which began a three days' meeting there. "With a population of about 90,000,000 in North America, we have at least 120,000 who are legally licensed to practise medicine," continued Dr. Ferguson. "This is about one to every 800 inhabitants. In England the proportion is 1 to 1,250; in France, 1 to 2,175; and in other countries the proportion is still more favorable to the medical profession. To sum it up, we don't need more doctors, but we do need a better brand. It is my deliberate opinion that this evil, which is due to a large number of irresponsible medical colleges, would be remedied by free medical education. The latter must be standardized, systematized, and glorified."

The official organ of the American Medical Association is giving pointers in each issue on how best to reach Los Angeles for the annual meeting. It implies that it would be glad to meet a large number of the members in the delightful California city. Now, as the attendance will largely come from the insurgent and progressive West, it seems that it really doth protest too much. With a large influx of visitors from the regions of the country boasting of a La Follette, a Pinchot, a Folk, a Judge Lindsey, not to speak of the idealists of Orgeon, and Arizona, and New Mexico, with their glorious State constitutions, the great Association may find itself suddenly in the hands of a progressive democracy. Its tenets would then quickly be altered to conform to the demands of the times; and it is conceivable that weak-kneed delegates from the effete East would find enough aggressiveness lying around to supply them with some splints for the patellar region. So the great medical public of this vast section of the country cannot be blamed if perchance it doubts the Journal's sincerity in painting the advantages of a trip to Los Angeles in such glowing colors.—Lancet-Clinic.

Tobacco and Bacteria.—A new function has been discovered for the all pervading microbe in imparting flavor to tobacco. It has been declared that the characteristic taste and smell of the leaf, the peculiar aroma which renders it grateful to the smoker's palate, are due entirely to the action of bacteria. The leaves when gathered are left for a certain time to dry and wither, after which they are stacked together to induce fermentation. It is in this process that the activities of the microbe come into play, for millions of these organisms are evolved, converting by their action the decaying mass into the "fragrant weed" of commerce. A German bacteriologist after diligent research, not only discovered the secret of the transformation, but succeeded in cultivating and transplanting its microscopic agents, and by introducing those taken from the finest West Indian weed into a heap of poor German tobacco, actually converted it into a leaf of very high quality, which connoiseurs failed to trace to its lowly origin. In Florida, which has started tobacco culture on a large

Digitized by Google

and cause an excellent purgation, with stimulated liver action. Incisions should be made clean in one cut, not in several united. Ill-smelling pus is not always the worst. That caused by the tetanus bacillus is odorless. Bacillus proteus and bacillus coli communis are most likely to cause a bad odor. One should use the terms "unspun silk" rather than "silkworm gut." This material consists of the abdominal contents of the worm, which would have been spun. Linen thread is the strongest suture and easily sterilized without injury. The operator should wear rubber gloves for his own protection as well as for that of his patient. Large rubber tubing for compressing limbs may be obtained at the garage from cast-off inner tire tubes. In sterilizing the skin do not use a brush to roughen it. A handful of toilet paper is much better. Shoulder tenderness may be from the large bursa beneath the deltoid muscle. Fever should not exist after the fourth day following an surgical operation. The earliest test for malignant bone disease may be made with a sewing needle. If softening from malignancy exists the needle may be pushed into the area. The author describes five things called felons—septic cellulitis, septic periostitis, arthritis of the last phalangeal joint, aseptic involvement of the root of the nail, septic thecitis of the sheath of the flexor profundus tendon. To safeguard an amputation have the stump elevated, uncovered by the bedclothes, and a "Spanish windlass" prepared from stout gauze ready to be twisted in case of hemorrhage. In setting a Colles' fracture or reducing a shoulder dislocation use anesthesia.

Deaths from "606."—There have been a number of deaths. Some occurred in infants with congenital syphilis, whose physical condition at the time of injection was anything but promising. Of the five adult cases one is casually referred to as having taken place in the Charite. Iversen's case of a woman with nephritis has been mentioned. Spietoff had two cases. A cachectic woman of twenty-eight years with syphilis of the throat received 0.5 gm. "606" in the afternoon. When seen at 10 p.m. there were no alarming or unusual symptoms and the patient received 0.01 gm. morphine. The next morning she was found dead in bed. The autopsy showed tertiary lues of the throat with cicatricial stricture and cicatricial gummata of the liver, hypoplasia of the heart and aorta. No manifestations of arsenic poisoning were revealed. Spietoff's second case was that of another woman, who was also in a cachectic condition. She presented a severe syphilitic anemia; 0.22 gm. "606" was given, and the next day the red count had increased by 500,000. The patient died many weeks later, but the cause of death is not stated. The object in quoting this second case is not to present it as a case of death necessarily due to arsenobenzol. It is doubtful whether there was any connection at all between the drug and the fatal issue. But such cases work their way into statistical studies, and, considered as deaths resulting from arsenobenzol, only serve to pervert the truth. With increasing use its contraindications are better understood, and when once firmly established its administration will be safely limited to appropriate cases. Spietoff's experience has taught that the cachectic state forbids it. Only one death has occurred undoubtedly due to arsenic poisoning. This has been reported by Frankel and Grouven. A young man received intravenously 0.4 gm. "606" in concentrated alkaline solution (15 c.c.). Fifteen minutes after the injection there was vomiting and intense abdominal pain. The patient passed into a state of collapse, and death took place in three and one-half hours. At the autopsy arsenic was found in the spleen, lungs and liver. A peculiar idiosyncrasy to arsenic is believed to have been the cause of death.—From Dr. Melville Silverberg's article in Therapeutic Gazette for January, 1911.

Erysipelas.—Equal parts of ichthyol and vaselin make as good an application as any in erysipelas. Antistreptococcic serum in doses of 20 to 30 c.c. at eight hour intervals is sometimes successful. The following prescription is a good one:

℞ Tr. nucis vomicae.....5.0 c.c
Hexamethylenaminae...4.0 grams
Fl. ext. cascarae sag.....1.0 c.c.
Elixiris aromatici.....40.0 c.c.
One teaspoonful t.i.d.—Med. Era.

Expectorant Mixture for Children.—In the treatment of bronchitis and bronchopneumonia in children, Sheffield, in Merck's Archives for December, 1910, says the following mixture will induce free expectoration:

℞ Ammonium carbonate.....gr. xvi
Wine of ipecac.....3ss
Compound syrup of squills.....3i
Syrup of senega.....3i
Syrup af tolu.....3iv
Distilled water.....q.s.ad 3ii
M. et Sig.: One teaspoonful every two or four hours for a child two years old.

Digitized by Google

NEUROSINE

AN EFFICIENT NEUROTIC, ANODYNE and HYPNOTIC. Unexcelled in all forms of Neurasthenia, almost a specific in Epilepsy. Contains no Opium, Morphine or Chloral. Combine two parts DIOVIBURNIA, one of Neurosine, in all forms of Female Neurosis.

FREE—FULL SIZE bottle of DIOVIBURNIA, NEUROSINE and GERMILETUM, with complete formula and literature, furnished only to Physicians, who desire to give same a trial.

DIOS CHEMICAL CO., ST. LOUIS, MO.

Protect your reputation—Patronise only honest druggists.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto with Soothing Demulcents in a Pleasant Aromatic Vehicle

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. **OD CHEM. CO., NEW YORK.**

No physician can afford to be indifferent regarding the accurate filling of his prescriptions.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets **ST. LOUIS, MISSOURI**

Digitized by Google

MEDICAL MEMORANDA

STATE MEDICAL MEETINGS.

Missouri: Kansas City, May 16-18.
Kansas: Kansas City, May 3-5.
Iowa: Des Moines, May 17-19.
Nebraska: Omaha, May 2-4.
Oklahoma: Muskogee, May 9-11.
Texas: Amarillo, May 9-11.

Laryngitis. In both acute and chronic laryngitis, complete and prompt relief of cough, pain and dyspnea can be had by the administration of Glyco-heroin (Smith).

Johann Hoff's Malt, with iron, is now employed by the practitioners for nursing mothers, as it increases the hemoglobin from 50 to 80 per cent in a short time and builds up the strength of the mother. In anemic conditions of women it is of utmost importance to employ a remedy which aids in the assimilation of food and creates blood corpuscles. There is no better remedy for the purpose than Johann Hoff's malt with iron. We will be pleased to furnish samples for tests in hospitals in order to demonstrate its usefulness.—Eisner & Mendelson Company, New York.

A Safe and Efficient Anodyne.—It is not surprising that passiflora (Daniel's concentrated tincture) is rapidly taking the place, in the practices of thousands of physicians, of opium and its derivatives, for it possesses the same soothing qualities of the latter and is free from its danger. To the man unacquainted with soporific and anodyne properties of passiflora incarnata (Daniel's concentrated tincture), its advantages will prove a revelation. It is free from the dangers of opium and does not enslave the patient in a habit from which escape is well nigh impossible. It does not lock up the secretions, and it may be given over long periods of time with every assurance that it will meet the claims made for it. Not alone is passiflora an efficient substitute for opium, but also for chloral, the bromides and the coal-tar products. A sample of Daniel's passiflora may be had by addressing the laboratory of John B. Daniel, Atlanta, Ga.

The New Local Anesthetic in Ampoule Form.—In consideration of the growing demand for quinine and urea hydrochloride for local anesthesia, Parke, Davis & Co. are now marketing this valuable combination in convenient ampoule form, and the physician can procure it in one-per-cent. solution, absolute sterile and ready for use. The ampoules contain 5 Cc. of the solution each and are supplied to the trade in boxes of six. Quinine and urea hydrochloride is being used in a great variety of operative procedures with pronounced success. As a local anesthetic it is held by many physicians to be superior to cocaine, a contention which would seem to have warrant in view of the fact that the preparation is not toxic even in large doses, that it tends to restrain or prevent hemorrhage, and that the anesthesia produced by it is persistent. The latter point is worthy of especial emphasis. The anesthetic effect lasts for hours, sometimes for days, an important factor in connection with rectal and other operations that may be classed as painful.

"Salicylic acid is a drug of considerable value, but it is somewhat trying to the stomach, for which reason the sodium salt, which is not so objectionable, is generally used. The salicylates prepared from the natural oil are far less irritating than the synthetic products, and are superior to them in every way. In addition to their virtues as intestinal antiseptics, the salicylates possess pronounced anti-rheumatic and anti-pyretic properties, and are said to increase the fluidity of the bile; as it is certain that they exert a very favorable influence in cases presenting symptoms of undue viscosity of this fluid." All the salicylic acid in tongaline is made from the natural oil and its action is intensified by the other ingredients in the preparation, making tongaline the ideal vehicle for the administration of the salicyl-

MEDICAL SOCIETY MEETINGS IN THE WEST IN 1911.

American Medical Association, Dr. J. B. Murphy, President, Los Angeles, June 27-30.

American Medical Editors' Association, Dr. Joseph MacDonald, President, Los Angeles, June 24-26.

American Academy of Medicine, Dr. C. S. Sheldon, President, Los Angeles, June 23-26.

American Medico-Psychological Association., Dr. C. W. Pilgrim, President, Denver, June 19-20.

American Surgical Association, Dr. R. H. Harte, President, Denver, June 19-21.

Arizona State Medical Association, Dr. Jno. W. Foss, President. Los Angeles, June 26.

American Proctologic Society, Dr. Geo. J. Cook, President, Los Angeles, June 26-27.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, WEDNESDAY, MAY 10, 1911. No. 9

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

IS ANYTHING THE MATTER WITH THE DOCTORS?*

WILLIAM J. ROBINSON, M. D.

NEW YORK

President of the American Society of Medical Sociology.

Is anything the matter with the doctors? The original title of tonight's discussion was: What is the matter with the doctors? But as that title contained the definite assumption that something was the matter with the doctors, it has been modified to a milder form. But even in this form, it assumes that something is the matter with them. Otherwise the question would not be asked. We do not ask: Is anything the matter with the chemists? Is anything the matter with the physicists? Is anything the matter with the astronomers? Is anything the matter with the electrical engineers? And the reason we do not ask this question in reference to them, is because we know or assume that they are all right. We assume that they know as much as can be known at the present time, with the accumulated facts and the instruments of precision in their possession. And by asking the question: Is anything the matter with the doctors, you at once betray that you have lurking suspicion or the positive certainty that something is the matter with us. And there is no use denying that such a suspicion or certainty is harbored by a large number of people, particularly of the cultured, or perhaps more correctly, the quasi-cultured classes.

The so-called health journals, practically all of which are edited by men who have axes to grind, and who are perfectly innocent of any knowledge of medicine, are doing their utmost to foster suspicion and fan distrust in the medical profession. A sensational book, which claims to depict the chaos and crime in the medical profession has recently been published and is exerting a pernicious influence on the public, because the focus through which it presents the facts or alleged facts is false and the picture is therefore false and distorted. The quack journals, sensational and untruthful books, and a few ignorant laymen who pretend to assume the role of physicians, have been inciting the public against the medical profession, and by bringing false charges against us, have partly succeeded in creating a feeling of animosity and distrust. You know how critical and analytical our dear public is! You can make it believe anything if you have only enough assurance and impudence; the more stupid, the more sensational the accusations, the more readily will they believe.

Let us see what the charges against the medical profession are, what indictments a biased, inimical and ignorant jury has drawn up against us.

THE TERRIBLE CRIME OF USING DRUGS.

The first and the most universally heard charge against us is that we are drug dopers. That is, that we do not treat people rationally, hygienically, by the aid of diet, fresh air, sunlight, etc., but that for every condition we give drugs, that we fill the people's bodies with poisons and that by our drugging we often create worse diseases than those we intended to cure. This charge is repeated day in and day out by the quack health journals, which I referred to above. To speak out of the utility, of the indispensableness, of the life-saving properties of a large number of drugs is not the place here. I will merely repeat what I have said elsewhere, that he who has seen the lesions of syphilis melt away under the

*Delivered before The Liberal Club of New York, March 15, 1911, at a discussion participated in by the following: Upton Sinclair, Samuel Hopkins Adams, Norman Hapgood, Dr. Robert T. Morris, Dr. Woods Hutchinson and Dr. William J. Robinson.

Digitized by Google

administration of mercury, iodine or 606; he who has seen the chills and fever of malaria disappear as if by magic under a properly administered dose of quinine or arsenic; he who has seen a miserably dwarfed, imbecile little cretin grow in stature and gain intelligence from day to day under the use of thyroid; he who has seen the pale cheeks of the chlorotic or anemic girl change into red roses under the administration of iron and arsenic; he who has seen a water logged old man or woman, unable to take a step without getting out of breath, take on a new lease of life under digitalis; he who has seen a nasty diphtheritic membrane roll away as if by the touch of a magic wand after a dose of antitoxin; he who has seen the fearful tortur ing pain in a case of renal or gallstone colic cease instantly after an injection of morphine; he who has seen the life-saving effect of a few drops of amyl nitrite in a case of angina pectoris; he, I say, who has seen all those things will not agree to cure the sick without the use of drugs. And I will say, that if you will show me a man who absolutely denies the utility of drugs, I will show you a man who has never used drugs or who is ignorant as to their proper use.

But as to the charge that drugs constitute the principal factor in our treatment, I can only say that such charge is maliciously false. Drug-treatment constitutes only a small—a very small—part of the modern practice of medicine. There is not an agent or method, material or immaterial, that we, members of the regular medical profession, do not employ in the treatment of disease. Regulated diet, exercise, water internally and externally in its numerous hydrotherapeutic methods, mineral waters, baths, direct sunlight, fresh air, heat in its multitudinous forms, massage, electricity, Roentgenotherapy, Finsen light, radium, antitoxic sera, vaccines, suggestion (psychotherapy), hypnotism, all of these agencies we, regular scientific physicians, make use of freely in our endeavor to cure and to prevent disease. We may use only one of these agencies in the treatment of many of the diseases, but we do not hesitate to use all of them whenever they seem indicated.

A Handbook of Practical Treatment has just come off the press. It is authoritative and presents the latest developments in the treatment of disease as it is practiced by the regular medical profession. The first 16 chapters deal with the general treatment of disease, and of these 16, only one is devoted to drug therapy!

Take Osler's Practice of Medicine, and you will see that drug treatment is playing a very secondary role, one might say an insignificant role, in the entire book. Inquire at, or study the reports of our foremost hospitals and you will see that drugs play a very secondary role. Nursing, hygiene, proper feeding, cleanliness are our chief agents in fighting disease. But, contrary to the quacks, we know the indications for drugs, we know the proper use of drugs, we know where they are invaluable; and when we do need them, we can use them fearlessly and unhesitatingly.

SURGICAL OPERATIONS.

Another serious charge refers to surgical operations. By one part of the people we are attacked for performing any kind of surgical operations, by another part we are accused of performing surgical operations too frequently, in many cases where they are not at all indicated. To the first charge it is not necessary to reply. He who denies the necessity of any surgical operations, he who denies that very often a surgical operations offers the only chance of saving a life, as is done by many of our "no knife" quacks in the quack journals, puts himself outside the pale of rational thinking beings, and no discussion is possible with such a person.

As to the second charge, I must confess that it is true of a small number of our profession. It is true that operations are sometimes performed on people who would be better off without them. But this is not due so much to greed and moral perversion as to a certain bias, of which none but the broadest-minded of specialists can be free. A man who is working in one line often becomes narrow and seeing many brilliant successes from his operations, he becomes unconsciously biased in favor of operations. And as it is true that in many cases an operation will do in two weeks what medicinal and hygienic treatment will not accomplish in years, it is not surprising that some surgeons are inclined to give the patient the benefit of the operation, where perhaps an internal physician would consider the operation contraindicated or not at all indicated.

It is true, however, that there is a small percentage of physicians who are devoid of conscience and who will do almost anything for the money. But this is not anything special and unique, it isn't something peculiar to the medical profession. Rascals and brutes are found in every profession, in every trade, and will be found in every profession and every trade as

Digitized by Google

long as we live under our present beautiful competitive system. And the entire profession should not be held responsible for the misdeeds of a few.

THE PRACTICE OF ABORTION.

Another charge against the medical profession is that it is guilty of the practice of abortion. That the entire profession is guilty of this practice is of course false. That a large number of physicians—the percentage is of course impossible to state with definiteness, but I would say anywhere from 10 to 25 per cent—are practicing it habitually is true. But I would not blame the profession very strongly for it. It is the State that is to blame for this condition of affairs. Wherever there is a demand there will be a supply and the demand for abortions is tremendous. The layman has no idea of the frequency of the demand and of the tremendous pressure that is brought to bear upon the medical profession. I venture to say that for every abortion performed by a physician, at least one hundred demands, requests and pleading supplications are refused. If his were not so we would not have the thousands and thousands of non-medical, male and female abortionists, who thrive throughout the country. A million abortions, at a very conservative estimate, are performed annually in the United States; and I am sure that 75 to 90 per cent of them are performed by non-medical and professional abortionists, who are outside the pale of the medical profession.

ARE WE ATTEMPTING TO FORM A MONOPOLY.

Another charge that has been heard a good deal of late is that we wish to form a trust, a monopoly, and that we intend to compel everybody to treat patients according to our own methods. How absurd this charge is will be seen at once if I mention that in the New York State examinations, for instance, no questions are asked on therapeutics or the treatment of disease. We do not wish to interfere with anybody's methods of treating disease. We leave that to the conscience and good judgment of the individual physician. And our only demand is that they who undertake to treat human diseases show that they have spent some time on the study of the anatomy and physiology of the human body and on the pathology and symptomatology of its diseases.

Our examination questions are only on subjects which admit of no discussion, which are accepted by everybody, the same as problems in chemistry or physics are universally accepted. All uncertain or debatable points are entirely left out from our examinations.

WE MAKE MISTAKES.

Another charge against us is that we make mistakes, we do not always diagnosticate the diseases correctly and that we do not always treat properly. That is true. We do not claim to be infallible, we do not claim to be omniscient. Medicine has not yet reached finality, medicine as a science is, as I explained many times before, but half a century old, and some diseases are so obscure, so complex, that with the present state of our knowledge a mistake is occasionally unavoidable. But we are fighting hard to remove the evil from Nature's secrets and every year we know more and more, and our mistakes are becoming fewer and fewer.

Please remember that it is but yesterday that we began to use the same methods in investigating medical problems that are used by other exact sciences. And our reward has been rich indeed. To mention but one of the scourges of humanity, namely syphilis. We have learned more about that disease in the last five years than in the preceding 500 years. The cause of the disease—the spirochaete pallada; the best means of diagnosing the presence or absence of the disease in the system—the Wasserman test, and one of the most powerful remedies in the treatment of the disease—606 or salvarsan—have all come to us within the last five (to be more exact, five and a half) years. Three years ago we stood before that monster humble and helpless; now, thanks to Flexner we have a powerful weapon, and we wrest many victims from the monster's clutches. And I venture to say that if in five years from tonight you arrange a similar dinner, I shall be able to tell you of some very remarkable discoveries made between March 15, 1911, and March 15, 1916.

But do the quacks, the irregulars, and those who believe with them, appreciate the fact that when they announce with glee that physicians make mistakes, they thereby pronounce their own doom? For, if physicians who have spent several years in preparatory studies, who have had years of practice, who have every possible diagnostic instrument, who call to aid the chemical, pathological, bacteriological and biological laboratory, make mistakes, how can the quacks and faddists expect rational, sane people to believe that they, who have not any of these advantages, can diagnose correctly and treat properly?

Digitized by Google

PERSONAL EXPERIENCE SHAPES OUR OPINION.

We are no more responsible for our honest opinions than we are for the color of our hair, the length of our faces, the girth of our chest. Our opinions are the conglomerate result of heredity, environment, our bringing up, our companions and friends, the school we attended, the lectures we have heard, the books we have read. Our personal experiences have a tremendous influence on the shaping of our opinions. And it is possible that the unfavorable opinion which some laymen have of the medical profession is due to some unpleasant personal experience which they have had with some member. And it is possible that the favorable opinion I have of the medical profession is due to my exceptionally favorable experience with my colleagues. God gives us our relatives, our friends we choose ourselves. But I can truthfully say that the physicians whom I call friends are not guilty of the things with which our opponents are fond of charging the medical profession. I can sincerely say, that the physicians whom I know, are noble-minded and sincere, are always studying and investigating, are sympathetic with the suffering, are up to the minute with all the latest advances in medicine, are careful and conscientious in diagnosis, are rational in their treatment, using drugs only where distinctly indicated, employing every hygienic measure, relying, to a great extent on good nursing and dieting, and upon the vis medicatrix naturae, never prolonging a disease, never making an unnecessary visit, never operating or advising an operation unless positively indicated—in short, they are honest, capable men to whom the public can entrust their bodies with implicit confidence. Of course there are incompetents, and there are dishonest men in the medical profession, as there are in every profession, in every trade, in every line of human activity. But when we judge of a profession we judge it by its highest representatives, or at least by the rank and file, but certainly not by its worst specimens. And the rank and file of the medical profession is sound to the core. It is sincerely desirous of learning and advancing, it is sincerely desirous of doing its best for humanity. It reads, studies and investigates and is earnestly doing the best that can be done.

THE SPECTRE OF THE SEVENTEETH CENTURY.

The trouble with our friends is that they set up a man of straw and then proceed to demolish him. They see a medical spectre of the 17th or 18th century and imagine that that is the physician of today.

Just as some of our free-thinking friends see a Torquemada in every priest or minister—they will not admit that there are quite a few decent people among the clergy of today, people with broad minds and big hearts, intensely interested in the welfare of humanity; just as our anarchistic friends still see a Philip the Second or an Ivan the Terrible in every ruler—you cannot make them believe, for instance, that George V and William H. Taft are quite human, and, while certainly no geniuses, are at least as intelligent as the average Englishman or American—so our anti-medical friends see with their mental eye an old, bewhiskered agent (Elbert Hubbard who has become one of the most obnoxious of quacks always pictures the doctor as a man with whiskers) with a big syringe, with a blood-letting lancet, with chisel and saw, with powerful emetics and cathartics, with balls of opium and pocketfuls of calomel; agent without any culture, narrow-minded and hide-bound by tradition, without any knowledge of hygiene or sanitary measures, having no idea of ventilation, fresh air, dietetics, the power of suggestion and the other immaterial agencies. Such is the picture some of our friends have of the modern medical man, or at least that is the picture they try to show to a gullible public—and they proceed to hammer it, stab it, tear it to shreds and tatters and to show to the same gullible public their own superiority. No wonder they succeed!

That the picture is false and distorted—maliciously or ignorantly—goes without saying. The physician of to day is a cultured man with a good preliminary education—and the entrance requirements are getting higher and higher—a good medical education, and he is a critic, a skeptic and quite often he is a true scientist.

That we do not yet know everything, that some diseases, cancer for instance, still baffle us, is true. But there is a great difference between not knowing everything and knowing nothing, and as said before, every year we learn a little more. But one thing is sure: What we can't do, the quacks and irregulars surely cannot.

WHAT WE HAVE ACCOMPLISHED.

I have touched upon and answered the charges which our enemies are making against us. Let me now devote two or three minutes to a consideration of the benefits which we have conferred upon humanity, but which our enemies forget to credit us with. To state that medicine is advanc-

Digitized by Google

ing from year to year, and that from year to year we are improving in our diagnosis and treatment of individual patients must be in the nature of a mere assertion, for our enemies deny it. There are two things, however, which they cannot deny—for the world has them on record.

One is that wherever medical science is in an advanced state the mortality rate has been enormously reduced. The second is that by having conquered the mysteries of the transmission of malaria and yellow fever, and by applying rigid sanitary measures, we have rendered many tropical and subtropical places habitable which were uninhabitable before, and have converted many pest-holes into the healthiest spots on the globe.

Let us see what the reduction of the mortality rate means. I shall not go very far back, though the figures would prove more striking and more startling. But right here in New York City we have within the last fifteen years reduced the death rate per 1,000 inhabitants from 25 to 16. In other words, instead of 25 people dying every year per each 1,000 inhabitants, only 16 die—a saving of nine per thousand—or 9,000 per million, or 36,000 per four million—the population of New York City. What an annual saving of human lives it makes throughout the country or throughout the civilized world you can calculate for yourselves. For everywhere is the same story. In Berlin, for instance, the mortality rate fell in 25 years from 33 to 16—a saving of more than 50 per cent; in Munich from 41 to 18 and so forth and so forth. Our statisticians are in the habit of estimating the value of human lives in dollars—at such an age we are worth so much, at such an age so much. To me this method is rather revolting—revolting in itself, and because in my opinion many lives are worth nothing, others are worth less than nothing, in other words, have a negative value, while others are worth not four thousand dollars—which is the highest value put on a human being by the political economists—but forty millions. But if you are fond of estimating the value of human lives in dollars, you can readily see how many billions we save to the world every year.

As to the places which have been converted from pest-holes into summer resorts, with summer resort mortalities, we need only point to Panama. And it is not the quacks and the detractors of scientific medicine who have done it, but the regular physicians and the sanitarians who work hand in hand with us.

CONCLUSIONS.

1. The medical profession of the present day is fully alive to its duties and responsibilities.

2. Medicine of today is thoroughly scientific in its methods, employing the same means of experimental investigation and demonstration as are employed by the other exact sciences.

3. Medicine of today is not shackled by the chains of authority and tradition. On the contrary, every dictum of any so-called authority, any statement regarding any drug or method of treatment, which has been handed down for ages from text-book to text-book, is called into question, is carefully analyzed and dissected, and if found wanting, discarded. Many drugs which were considered standbys by our forefathers have been thrown out from the Pharmacopeia, though they may still be used by old grannies.

4. The profession of to-day is broad-minded and is willing to investigate any remedy or method of treatment, no matter from what source it may come; it is willing to give a trial to any suggestion if it has a grain of common sense in it; even if the suggestion comes from a quack.

5. The evils which the medical profession are guilty of are not inherent in the medical profession as such; they are the result of our social conditions, of our immoral competitive system, which makes men fight and cut each other's throats in order to make a living, and these evils are much more in evidence in other trades and professions; the legal profession for instance.

6. The medical profession not only does its duty by the public, alleviating suffering restoring hundreds of thousands of men and women to health and active useful lives, but we are making progress from year to year, we are making new discoveries, dealing with the larger problems, increasing the average duration of life, improving sanitation, etc. In short, we deal now not only with individual, but with national problems.

7. In judging of the life of any man, of the activity of any party, of the value of any movement, of the achievement of any profession, we do not take any single act or incident, but we take the sum total. If we take the sum total of the activities of the medical profession, if we subtract all its shortcomings, if we admit even everything our enemies say about us, the balance of good is overwhelmingly in its favor, and it can truthfully be said to be the most beneficent, the most progressive, the most hu-

Digitized by Google

mane and the most altrusitic of all professions.

And therefore to the question: What is the matter with the doctors? I must answer: There is nothing the matter with the doctors. They are all right!

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

CHAPTER II.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

Poison, to the laity, means something that kills, be it a painful or painless death. By the daily records of poisons taken with suicidal intent it is quite evident that the common people have a limited list to choose from and do not choose delightful ones. A dose of strong carbolic acid, corroding the living tissues, eating to and into muscle and bone, gnawing through the throat and stomach, is not a particularly pleasant thing to think of and a still more horrible thing to experience. Add to this the agony of mind resultant upon the consciousness that death is inevitable and we have a fearful combination of bodily and mental suffering. For observation proves that in the vast majority of cases, your would-be suicide repents of the intent and act, and longs, far more earnestly and passionately, to undo that which has been done than he or she did to do the deed.

Experience also teaches us that in some cases we can counteract the effect of poisons affecting the functions of life but we cannot counteract or repair the destructive effects of a poison upon the organic elements and organs of the body.

But the poisons which I had in mind, in the beginning, are of a far different nature. In fact no poison at all, in itself, but yet a possible factor in death by poison.

My little girl brought home the article from the local grocery-store. It was a homeopathic bottle without any label, filled with sugar pellets, in every way similar to common methods, both as to form of container and contents, of dispensing some of the most active medicines —and poisons.

I had insistently and emphatically cautioned this little girl against ever eating any of the contents of the stock or dispensing bottles which are usually a part of the working stock of a physician's outfit, and which, in spite of every caution and care, may, for a moment, be left within reach of busy fingers.

But little brother, as we call him, has not arrived at the age of even elementary discretion and discrimination. To "be like papa," he asks for a bottle of pills when he goes to the store, and, until he was prevented, played doctor with these pills, and generously dosed himself and his younger sister with these imitation pills. And there is no telling when the time might come when the supply of imitation pills being exhausted, they might be replaced by the real article of deadly power.

Nearly every household has its collection of home remedies, not always so strenuously kept under lock and key as not to be accessible to the children.

We must acknowledge that the child has no power of discrimination between what is good and what is bad for him. And if a child buys sweets in every way, shape and form resembling the bottle of pills in the home medicine case, of high potency and deadly efficiency in more than moderate doses, why—he or she reasons with childish simplicity—are these real pills not just as good to eat and just as harmless as the candy-counter pills? That this sometimes happens, short but pathetic items in the daily newspapers, or a case in practice, prove.

Forethought, made more cautious by experience, teaches us to consider consequences but the man who caters to childish fancy does not always foresee any consequences beyond the possibility of money-making by novelties. The man who invented candy-beads for Christmas tree decoration had a novel idea but he never thought of the consequences that might ensue. A child might indulge in them without harm but if he or she makes a diet of glass beads then it may be another case —for the doctor.

Children of a larger growth as well may be victims of this neglect of consequences. Water of ammonia put up in whiskey bottles and more especially bug-poison dispensed or kept in beer bottles have been the accidental cause of many cases of poisoning.

All of which goes to show that it is dangerous not to consider the consequences that may follow heedless negligence.

Dignity is a very proper sort of thing, but don't put on too much of it, or you may be taken for the butler.—Lippincott's

Digitized by Google

SURGICAL EPONYMS.*

MARTIN HAGEN, M. D.

CHICAGO, ILLINOIS.

Tait, Lawson (1845-1899), Scotch; surgeon, Birmingham. Operations: 1. Method of repairing lacerated perineum. 2. Salpingo-oophorectomy. 3. Method of tying pedicles. 4. Operation for hyatids of the liver.

Talma, Sape (1847-), Hollander; surgeon, Utrecht. Operation, omentopexy for establishing compensatory anastomosis between the portal and general venous systems.

Tavel, Ernest (1858-), German; surgeon, Utrecht. Operations: 1. Method of gastrostomy. 2. Resection of the internal pudic nerve in vaginismus.

Teale, Thomas Pridgin, Sr. (1801-1868), English; surgeon, Leeds. Operations: 1. Supra-malleolar amputation. 2. Amputation of the thigh.

Textor, Karl (1815-1880), German; surgeon, Wurzburg. Operation, excision of the knee-joint.

Thiersch, Karl (1822-1895), German; surgeon, Leipzig. Operations: 1. Method of skin-grafting. 2. Rhinoplasty. 3. For ectopia vesicae. 4. For epispadias.

Thomas, Theodore Gaillard (1831-1903), American; gynecologist, New York. Operations: 1. Reposition of the chronically inverted uterus. 2. Gastro-elytrotomy. 3. Removal of uterin fibroids.

Thompson, Sir Henry (1820 1904), English; surgeon, London. Operations: 1. Disarticulation of the hip-joint. 2. Removal of tumors of the bladder by the median perineal method.

Trendelenburg, Friedrich (1844-), German; surgeon, Bonn. Operations: 1. For ectopia vesicae. 2. Method of operating in the mouth. 3. Phlebectomy. 4. Meloplasty. 5. Method of amputating. 6. Gastrostomy.

Treves, Frederick (1853-), English; surgeon, London. Operations: 1. For Dupuytran's contraction. 2. Proctectomy. 3. Laryngectomy.

Van Buren, William Holme (1819-1883), American; surgeon, New York. Operations: 1. Lithotrity. 2. For prolapsus ani. 3. For salivary fistula.

Velpeau, Alfred Armond Lewis Marie (1795-1867), French; surgeon, Paris. Operations: 1. Method of treating fracture of the calvicle. 2. Excisions of the upper jaw. 3. Excision of the 3d division of the 5th nerve. 4. Disarticulation at the knee-joint.

Verduyn, Pieter Adriaaszoon (1625- ?), Hollander; surgeon, Amsterdam. Operation, amputation with the musculo-cutaneous flap.

Verneuil, Aristide Auguste (1828-1895), French; surgeon, Paris. Operations: 1. Iliac colotomy. 2. Subastragaloid disarticulation. 3. Rhinoplasty. 4. Amputation at the shoulder-joint. 5. Amputation at the hip-joint.

Volkmann, Richard (1830-1889), German; surgeon, Leipzig. Operations: 1. Amputation at the hip-joint. 2. Amputation of the rectum. 3. Open operation for hydrocele. 4. Osteotomy for ankylosis of hip-joint.

Wagner Wilhelm (1848-), German; surgeon Konigshutte. Operations: 1. Osteoplastic method of opening the skull. 2. Dividing the root of the 2d division of the the 5th nerve.

Walther Philip Franz (1782-1849), German; surgeon, Munich. Operation, for hypopyon.

Wardrop James (1782-1869), Scotch; surgeon, London. Operation, distal ligation of an artery for aneurism.

Warren, John Collins (1778-1856), American; surgeon, Boston. Operations: 1. First to employ general anesthesia in surgery. 2. Paracentesis pericardii.

Warren Jonathan Mason (1811-1867), American; surgeon (?). Operation, method of uranoplasty.

Weber, Karl Otto (1827-1867), German; surgeon, Heidelberg. Operations: 1. Incision for resection of the superior maxilla. 2. Method of closing eliptical defects. 3. Plastic formation ala nasi.

Wecker, Louis de (1832-), German; ophthalmologist, Paris. Operation, stretching of the optic nerve.

Wells, Sir Thomas Spencer (1818-1897), English; surgeon, London. Operation, hysterectomy with extraperitoneal treatment of the pedicle.

White, Anthony (? -1849), English; surgeon, London. Operation, resection of the hip-joint.

White Charles (1728-1813), English; surgeon, Manchester. Operations: 1. For false joints. 2. Method of reducing dislocation of the humerus. 3. Radical operation of excision of the hip-joint. 4. Subperiosteal resection of the head of the humerus (probably incorrectly credited; see Bent of Newcastle).

Wilde, Sir William Robert Willis (1815-1876), Irish; aurist, Dublin. Operation, for mastoiditis.

Winiwarter Alexander Ritter von (1848-),

*Additions and corrections will be gratefully received.

Digitized by Google

German; surgeon, Luttich. Operation, cholecyst-enterostomy in two stages.

Wiseman Richard (1595-1686), English; surgeon to James I. Operation, the first recorded operation of external urethrotomy.

Witzle, Friedrich Oscar (1856-), German; surgeon, Bonn. Operations: 1. Method of gastrostomy. 2. Tenorrhaphy.

Woelfler, Anton (1850-), German; surgeon, Wine. Operations: 1. Tenorrhaphy. 2. Anterior gastro-jejunostomy. 3. Method of enterorrhaphy.

Wood, John (1825-1891), English; surgeon, London. Operations: 1. Rhinoplasty. 2. For ectopia vesicae. 3. For hypospadias. 4. Inguinal herniotomy. 5. Radical cure of umbilical hernia.

Woodall, John (1549?-1617), English; surgeon to the East India Company. Operation, the first to suggest and perform amputation of the leg as low as the ankle in diseases or injuries of the foot.

Wutzer, Karl Wilhelm (1789-1863), German; surgeon, Bonn. Operation, method of treating inguinal hernia.

Wyeth, John Allan (1845-), American; surgeon, New York. Operation, method of amputating at the hip-joint.

Wylie, Walker Gill (1848-), American; gynecologist, New York. Operations: 1. Shortening of the round ligaments for relief of retroflexion. 2. Method of appendectomy.

Young, James (1646-1721), English; surgeon, Plymouth. Operation, the first to describe and employ the flap method in amputations.

Zaufal, Emanuel (1833-), German; otologist, Prague. Operation, see Zaufal Kuster.

Zaufal-Kuster (q.v.). Operation, for otitic brain disease.

Zeller, Simon (1746-1816), German; surgeon, Wien. Operation, for syndactylism.

Zweifel, Paul (1849?-), Swiss; gynecologist, Leipzig. Operation, symphysiotomy.

Subscribe for the Medical Fortnightly.

The absolute segregation of the Tuberculosis Hospital from the main City Hospital has been decided upon at Cincinnati. With the opening of the new contagious group of the great new General Hospital, this was found expedient. Besides, as Mayor Schwab said recently, "there is no real connection between a tubercuolsis hospital on a country site and a general hospital miles away. Tuberculosis is quite as much a sociological question as a medical one."

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES;

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

A Civic Duty: Clean Up.

At this season of the year when rain comes in plenty and things are beginning to grow nature is doing her best to get ready for the long, hot season which is soon to come and she gives warning that it is time to clean up and flush out. In the old days out in the country the appearance of the nauseous spring medicine indicated that the mothers believed in following Nature's prompting. The practice in more palatable form might still be followed to advantage. But it is not of the human body that we wish to talk at this time. Our profession is quite as interested in prevention as in cure and we have a mission to perform in urging civic cleanliness. Recently we were privileged to visit one of the smaller towns somewhat distant from this city, and while the town was beautiful we were shocked by its utter lack of anything like cleanliness in those matters which concern health; filthy out-of-door closets, pools of waste water, piles of rubbish, rain-sodden manure and what not, but all allowed to continue and no one giving thought to the menace to health which these things may be. In the larger cities we have the alley problem which includes all that concerns waste, but we are honestly convinced that we are much cleaner than are peoples in the smaller towns. Nevertheless none of us are clean enough and this is the time to clean up. Clean up! If you, as a physician have no cleaning to do yourself you still have a duty in the matter and you should pass the order along and make it imperative. There will be sickness enough left if all avoidable sickness is done away with, but it is going to take several generations to do away with the avoidable sickness even if you start a vigorous campaign of doing your duty right now. If the people of your city or town want to be famed let them undertake to be the "spotless town," but don't let them stop short of so long an endeavor that it will have become habit.

Digitized by Google

This is a part of your duty to your clientele and one which may, if grasped, make you famous.

What Are You Going to Do About It?

In the palmy days of Boss Tweed the inquiry which we have made our subject was made famous by Thos. Nast and was the mark of municipal mismanagement and plundering. Boss Tweed has long since been called to his reward, as has Thos. Nast, but tremendous evils in the conduct of governmental affairs keep on in vigorous existence. It is getting to be a question for every citizens to consider, what are you going to do about it? When mismanagement and worse is found in the institutions over which medical men have charge, as citizens we are angered and as physicians we are enraged. A few weeks since the local Industrial School was the scene of unsavory revelations, some eighty of these helpless children were taken to the city hospital to be treated for diseases attributable to filth and neglect; supplies, which were intended for their use, in quantites were removed from the home of the then superintendent. Yet some of the staunchest business men of the city, men who are pillars in society, business and the church, hastened to furnish bond for the man when a case against him was instituted; there are those who predict that he will never suffer other penalty than that which went with the exposure, and that he will not have lost social prestige in the slightest. The gross mistreatment of these children seems to have recognition almost as honorable as the calling of the boodler, some of whom are met with bands and processions on the completion of a penitentiary term.

And now comes the exposure of the Farmington Insane Asylum. An inmate two years confined in the institution is delivered of a child; an old man but a short time an inmate dead and his body showing serious injuries which apparently caused his demise and were inexcusable whether or not. Add to this the numerous whisperings of other deaths and of cruelties and you have the revolting picture And what are we going to do about it? Suspend one or two employees and let one or two officials resign and consider the matter ended? Find a scapegoat and apply whitewash generously elsewhere? Will our foremost citizens rally to the defense on this occasion and make heroes of the responsible parties? Far be it from us to wish that any person without responsibility be made to bear blame, but quite as strong is our wish that the blame be properly placed and a penalty executed. These things are getting too common; one such occurrence would be too many for any generation, there is no possible excuse for them at all, ever.

We are not so convinced as are some of our friends that the solution of the problem of good or bad management lies in some scheme of civil service which shall put all these positions out of politics and on a basis of educational qualification. We are ready enough to agree that politics should play no part in the holding of a position in institutions where the state's dependents are cared for, but education alone will never hinder a man or woman from being of ungovernable temper and breaking heads and ribs of those who fail to step at the first command, neither will it make honest men of crooks; the supplies may be diverted and the children starved by educated people. Civil service will be all right if it includes a considerable investigation of the human side of the person examined, and humanity is a matter not of education but of training received at the mother's knee and earlier. Many a kindly man who is filled with a love for all mankind but who could not to save his life pass a civil service examination could prove a success in charge of institutions for dependents, and as many who could readily pass any kind of an examination would prove despotic and a failure as we judge the purpose of these institutions. A combination of educational and humanitarian qualifications is the ideal and there has yet to be devised some method of determining the latter, but if either is to be ignored let us have more humanitarianism even at the expense of education.

A New Champion for Vivisection.

No matter how much the medical profession may endeavor to show its sincerity in the matter of vivisection, and no matter how evidently results justify the practice, nothing which can be said or done by us will convince the opponents of the practice and their unthinking followers that we are not practicing it from downright cussedness and a greed for blood and suffering. It is a strange situation and one which is discouraging to the scientific investigator, yet not one which deters him in the good work which he has undertaken. We are pleased to see that Puck has undertaken a campaign of enlightenment on vivisection. One cleverly

Digitized by Google

conceived and executed cartoon will do more to establish a fact than will pages of deeply thoughtful argument, and Puck has been giving cartoons which make it very plain that animal experimentation, the manufacture of the serums, and other things which are opposed by the anti's, are a matter of plain duty and should be continued "for humanity's sake." No finer work has ever been undertaken by Puck and the profession should be prompt in expressing its appreciation. We believe that the public will be so widely reached through this medium that a general realization of the good which is being done through the agency of vivisection will be awakened. The sickly sentimental gushings, the vaporous arguments, the astigmatic view of those who see nothing but evil in the practice are brought to naught when placed in contact with virile fact. The trouble has been ot get the two together. Puck seems to be managing this in a most effective way.

ST. LOUIS ITEMS

Dr. Cleveland H. Shutt has lately returned from a year of study in the important medical centers of Europe and has opened an office in the Metropolitan Building. Dr. Shutt will limit his practice to surgery. Few men have ever entered this field with so complete a preparatory equipment as has Dr. Shutt, his training has been exceptionally thorough in every point and bespeaks effectiveness.

Dr. Atkins Resigns.—Dr. H. S. Atkins, who has been for some years superintendent of the Municipal Sanatorium (as the St. Louis Insane Asylum is now known) and has been greatly instrumental in bringing it to its present degree of effectiveness, has sent in his resignation to take effect at an early date. Everybody was glad to see Dr. Atkins held over at the inauguration of the new regime, and regrets his voluntary retirement at this time. The new plan will put a layman in as superintendent and place medical matters in the hands of the medical staff.

Banquet and Reunion.—The Alumni of the St. Louis University, Medical Department (including graduates of the Beaumont Hospital Medical College, the Marion-Sims College of Medicine and the Marion-Sims Beaumont College of Medicine) will hold a banquet at Kansas City, Wednesday, May 17th, the evening of the second day of the meeting of the Missouri State Medical Association. Tickets may be obtained (two dollars each) from Dr. C. M. Nicholson, 4500 Olive street, St. Louis.

Dr. W. W. Bulette, of Pueblo, Colo., spent several days in St. Louis recently and favored the Fortnightly office by more than one call. As usual with men from the Centennial State the doctor is an enthusiast over Colorado and deplores the fate of those of us who have to live elsewhere.

New St. John's Hospital.—Archbishop John J. Glennon laid the corner stone of the new St. John's Hospital, being erected by the Sisters of Mercy on Euclid avenue, between Audubon avenue and Park View place on May 7th. The hospital will be one of the largest and best equipped private hospitals in St. Louis. The building will have a frontage of 420 feet on Eucild avenue and 200 feet on both Park View place and Audubon avenue. It will contain six wards and over 300 rooms, including four operating rooms, sterilizing rooms and X-ray rooms. The private rooms, suites, wards and all apartments for patients will have direct sunlight and a greater number of them will have southern exposure. St. John's Training School for Nurses will occupy part of the building temporarily. The old hospital, Twenty-third and Locust streets, will be converted into a home for working girls.

Before the next school year begins it is probable that an order from the Kansas State Board of Health will go into effect abolishing the common roller towel in all school houses, railroad trains, stations and hotels. The Board is now experimenting in several schools with individual paper towels.

Medical missionaries are wanted for many semi-barbarous lands, Dr. Wilfred T. Grenfell, the medical pioneer of Labrador, declared in an address, March 11th, in New York City. And there will be limitless clinical material, too, for ardent candidates in this altruistic field, many of whom are preparing in American medical schools.

Conviction for Practicing Medicine Without a License.—J. C. Elliott, a "cancer specialist" at Kirksville, was arrested recently and sentenced to serve twelve days in jail for practicing medicine without a license. He served his term and promises to be good in the future. Elliott was prosecuted by the members of the Adair County Medical Society, who are making an effort to clear the county of these fakers.

Digitized by Google

WHAT THE MEDICAL EDITORS ARE SAYING.

The Medical Profession and Osteopathy. - Osteopathic practitioners attach much significance to the state of the spinal ligaments and the attitudes of the vertebrae. One of the fundamental principles of their school is, that a large part, indeed the largest part of human ailments, even of acute diseases, such as the infections, etc., is due to dislocations of the vertebrae, which exert pressure on the outgoing spinal nerves, thus causing pressure on vasomotor nerves, and thereby inducing derangements of function. They assert that it is necessary to replace these dislocated bones, before maladies can be relieved. In the process of pushing and pulling these bones into place (which constitutes an essential part of osteopathic treatment), these lesions are said to be corrected.

According to the opinions of distinguished anatomists, such as Prof. George McClellan, of the Jefferson Medical College; Prof. George A. Piersol, of the University of Pennsylvania; Prof. Edward F. Reichert, of the University of Pennsylvania (vide Monthly Cyclopedia and Medical Bulletin, Philadelphia, February, 1911, p. 92), real changes in the relationships of the vertebrae are practical impossibilities, except when long standing or progressive morbid processes have been the cause, as in lateral curvature, or in tubercular disease of the spine. However, these authorities admit that defective nutrition causes relaxation of the later and posterior spinal ligaments to such an extent that the semblance of a dislocation may be produced. After describing the appearance of a perfectly sound spinal column—the spinal processes in normal alignment, distance apart, degree of posterior projection they say that disease produces an atrophy of some of them, infiltration and thickening of others, and, if long continued, asymmetries of the vertebrae, the spines apparently pointing in different directions. If the lesions have become chronic, the spines are found separated, owing to relaxation of the posterior spinal ligaments, so that marked depressions appear between two or more; or several vertebrae are depressed beneath the normal line of projection." They observe, however, that this derangement of the vertebrae is more apparent than real, the asymmetries being due to loss of tone and relaxation in the supporting ligaments, which disappear under appropriate treatment. So that, when all is said, both schools unite in advocating the necessity of treatment to diseased spinal columns. Osteopathy calls the diseases "a dislocation of the bones of the back;" orthodox medicine names it "a derangment of the vertebrae"—a mere logmachy. Dr. Madison Taylor, from whose article we quote, has had clinical experience in the treatment of asymmetrical spine, if one may be permitted to coin a term descriptive of the bone contention. He says: "Not only is it possible to produce remarkable and gratifying effects by judicious manipulations, but, by injudicious procedures, ill effects are sometimes wrought. This is especially noticeable in the effects produced on blood pressure, sending it up or down to such an extent as to prove menancing, possibly disastrous."

He shows, that, judiciously applied, alternating pressure over certain areas of the back, can induce vaso-constriction in definitely determinable areas, or that steady or distributed pressure can induce, per contra, vasodilation. By these procedures, he thinks it is feasible to enhance functional restoration, and greatly to supplement other remedial agencies.

Dr. Taylor does not use "vibrators" in this treatment. The time required for hand treatment is brief, and the exertion necessary to do good work small, so that artificial power is uncalled for. Besides, it is necessary to feel, in order to know by the sense of touch, what one is doing. To prolong pressure unduly, or to exert too great power, as the least evil, may nullify the desired effect, exhaust the reactionary resources of the nerve centers, or may actually produce evil effects.

This form of examination of the vertebrae may also be applied for diagnosis, in elucidating obscure clinical problems. Usually, the spinal column is neglected in the examination of patients; clinicians scrutinize, palpate, and stethoscope the front of the body, while neglecting the back. Perhaps the osteopathists may teach the clinicians something worth knowing.

The difference between clincial medicine and clinical osteopathy may be chiefly a different interpretation of the same clinical signs. The signs should be looked for, and when found, an explanation of their meaning attempted or given.—Canadian Jour. of Med. and Surg., May, 1911.

Convalescent Hospitals for Children.—Going through the children's ward of a large hospital the visitor comes to a bed where a bright, intelligent little lad of six is lying with his head in a mastoid dressing and his

Digitized by Google

bed covered with toys with which he is playing as well as he can lying flat on his back. He is a thin, pale little fellow, and the temperature chart at the foot of the bed shows a slight elevation. His attitude and his intelligence provoke curiosity, and the nurse says, in answer to the visitors' question about him, "Oh, Joe? Joe's had mastoid and it is nearly well; but there's something the matter with his heart and the doctor says he must be quiet. It is awfully hard to keep him that way, though, for he will get up and get out of bed when I'm not looking, and when he does it makes his fever go up. I don't know who will look after him when he goes home. His mother works and he has to take care of himself pretty much, I guess. Dr. Smith says he can't get real well unless he is quiet, and to keep him quiet needs all one person's time."

This is a very common situation. A child with an acute illness is put to bed with appropriate treatment, and, being very sick, is glad to lie quiet and needs no restraining. But as soon as he gets a little better and feels well he will not stay quiet, and must be watched. And here the weakness of the hospital system becomes apparent. A large hospital is a specialized plant to take care of the very sick. Everybody is busily employed; there is too much to be done to look after patients who have partially recovered; and the beds are needed for sicker children. It costs more than is necessary for convalescents to utilize for their care trained nurses and hospital machinery when almost all they need is rest and watching. So, just as soon as it is no longer dangerous, the children are sent home, with the work of recovery only half done.

The children of the well-to-do can get care and attention of the most suitable kind. They can have fresh air, sunshine, good food and watchful supervision until they are quite well. But the children of the poor are their own guardians largely, and their parents, even with supplementary charitable aid, can seldom approximate the care which the child got in the hospital. And this happens with many other types of cases besides the heart case. Joe represents simply an actual incident pointing out the need of more convalescent hospitals, more so-called "rests."

The economic waste of expending the money to treat a child in a hospital at anywhere from one to two dollars a day, only to let the entire investment fail because of too short a stay under observation, should appeal to some of our citizens whose wealth is a burden and suggest that they establish institutions for completing a cure.

Take some country village, build an up-to-date, even if it be a small institution, endow it with enough money to provide for the proper care of these children, and good men can be found to take care of the medical end of it, so that scientific work can be done, and who knows what may not be discovered? Such a project is well worth any one's life work and any man's millions.—Archives of Pediatrics, April, 1911.

FAVORITE PRESCRIPTIONS

Nights Sweats.—For the control of night sweats in consumption the following is recommended by N. P. Barnes:

Atropinae sulphatis.....grn. 1-10
Agaricini .....grn. xij
Picrotoxini .....gr. ij
M. et in pilulas No, xij divide.
Sig.: One or two pills on retiring.

Aromatic Castor Oil.—

Saccharin.....7½ grn.
Sodium bicarbonate.....7½ grn.
Chloroform.....150 min.
Oil of pimenta.....75 min.
Oil of cassia.....75 min.
Oil of cloves.....75 min.
Castor oil sufficient to make.....40 fl.oz.

Dissolve the saccharin in the chloroform, add the sodium bicarbonate; then add the oils (which have been previously mixed) and shake vigorously.

Cystitis.—The following has been found particulary useful where much vesical irritability exists:

Formini.....3ijss
Potassii citratis 3v
Potassii bromidi.....3ijss
Tinct. hyoscyam.....f.3j
Fl. extr. tritici.....f.3iss
Glycerini.....f.3iv
Syr. aurantii .....q.s.ad f.3viii
M. Sig.: Dessertspoonful in a glassful of water three times daily.

Tonic After Influenza.—O. H. Wilson finds the following tonic a valuable aid during convalescence from influenza:

Strychninae sulphatis.....
Arsenii trioxidi.....aa grn. ss
Pulv. digitalis.....grn. viij
Quininae hydrochloridi...grn. xxx
Ferri reducti..... gr. vj
Extracti gentianae.....grn. xxx
M. et pone in capsules No. xxx.
Sig.: One capsule three times a day after food.

Digitized by Google

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

Twenty-third Semi-Annual Meeting Held at St. Joseph, Mo., March 16 and 17, 1911.

(Continued from page 172.)

Colica Mucosa.—Dr. J. M. Bell, of St. Joseph, spoke of the dual aspect of this disease and said that his experience with it led him to believe the enteroptotic habit plus autointoxication and constipation was the foundation upon which the disease was based, the neurosis being secondary. When the digestive tract was restored, a normal state of equilibrium was obtained.

Local Anesthesia with Quinine and Urea Hydrochloride.—Dr. C. M. Nicholson, of St. Louis, was convinced from experience with thirty-two cases that quinine and urea hydrochloride was destined to occupy a prominent position as a local anesthetic. The greater length of time required after the injection of the quinine and urea hydrochloride before the anesthetic effect was fully manifest was its principal disadvantage.

DISCUSSION.

Dr. John P. Lord, Omaha: I have given this anesthetic in as many cases as Dr. Nicholson has mentioned and can unqualifiedly endorse it. This winter I used it in resecting the ribs in cases of empyema, and it worked admirably.

Dr. J. P. Standley, Bedford, Iowa: I have repeatedly operated on hemorrhoids with this anesthetic with satisfactory results.

Dr. J. H. Dillon, Auburn, Neb.: I wish to speak highly of this anesthetic, although I have only used it in two or three cases. I have also seen satisfactory results with it in the hands of others.

Dr. E. H. Thrailkill, Kansas City: I have used quinin and urea hydrochlorid with good results, but I prefer stronger solutions than are used by some practitioners. After operations on the rectum I have used this anesthetic to prevent postoperative pain.

Dr. R. C. Dorr, Batesville, Ark.: I do not believe that there is any major surgical work done with a local anesthetic without pain.

Dr. A. I. McKinnon, Lincoln: I operated on a man for hemorrhoids, using this anesthetic, and after the operation the patient rode home in a buggy.

Suggestions for the Application of Lactic Ferments in Genitourinary Work.—Dr. F. S. Mason, of New York, said that these ferments had a wide field of usefulness in the treatment of diseases depending on invasion of the gastrointestinal tract by pathogenic organisms since they inhibited the growth of the Klebs-Loeffler bacillus and many other organisms. Dr. Holbrook Curtis and Dr. Otto Glogan, of New York, had used suspensions of lactic ferments in bouillon successfully in the treatment of suppurating discharges from sinuses and nasal passages as well as from the ear. The speaker had only had opportunity of confirming these results in two cases of suppurating otitis. He described the technique for using the lactic ferment crayons in acute gonorrhea in the male, and did not state that they were specific in the treat ment of this condition, for the work done was too incomplete, but the results obtained were sufficiently encouraging to warrant a more extended trial by genitourinary specialists and general practitioners.

Peritonization in Abdominal and, More Particularly, Pelvic Surgery.—Dr. John E. Summers, of Omaha, read this paper. He said by peritonization or peritoneoplasty was meant the covering over by peritoneum of all tears, lacerations, and losses of substance of the peritoneum due to surgical procedure. In some cases the peritoneum might be separated from the abdominal wall, commencing at the lower angle of the incision toward the space of Retzius, or at the sides, freeing a great part of the bladder likewise. These flaps were sufficiently large to cover over the posterior wall of the pelvis. In other cases, of which the author had had several examples, the technique consisted in transporting the sigmoid flexure across the pelvis and suturing it in such a way that all raw surfaces were covered over. The sigmoid was only fixed below and was almost always sufficiently mobile to be carried across the pelvis to the right side as far as the cecum. When the uterus was preserved, the sigmoid was sutured to the lateral walls of the excavation and across the fundus of the uterus. When the uterus was sacrificed, the sigmoid was sutured to the lateral walls of the excavation and to the bladder. Drainage should be made through the vagina. Amann emphasized the fact that this technique was particularly advantageous when septic pus or genital abscesses communicated with the intestine for example, a pyoslapinx, or a suppurating tumor of the ovary, opening into the large bowel. Again, when there coexisted a genital abscess with a perforative appendicitis, the

Digitized by Google

intestinal sutures were situated under the protection of the cavity drained and were extraperitoneal. Two vital principles were involved in peritoneal autoplastic surgery: First, the more vital principle, the prevention of infection; second, the prevention of postoperative intestinal obstruction.

Care of the Hypertrophied Prostate.—Dr. F. H. Clark, of El Reno, Oklahoma, said the responsibility for early diagnosis and advice must of necessity rest with the family physician. While this condition usually came on with advanced age, it might occur even in childhood. Operative procedure was the only treatment that offered hope for a permanent cure and a comfortable life after operation. The operation which presented the lowest mortality was through the lower perineal route. We should never forget that ten per cent of these hypertrophied prostates became malignant if allowed to go on, and that our only hope of avoiding that was an early operation. We must not forget that we should continue to sound these patients following operation until we were certain there would be no contraction of the scar formed that might serve as an impediment to the free flow of urine. Just how long this would take must be governed by each individual case.

Dr. W. E. Engelbach, of St. Louis, gave skiagraphical demonstrations of some unusual conditions in the chest.

Poliomyelitis Anterior Acuta.—Dr. L. A. Skoog, of Kansas City, Mo., reported three cases of this disease in the same family at the same time.

The following papers were also read: Should Venereal Infections be Classed and Reported as Contagious Diseases? by T. M. Paul, of St. Joseph, Mo; Extreme Edema of the Cecum and Ascending Colon Following a Gangrenous Appendicitis, by Dr. L. J. Dandurant, of St. Joseph, Mo.; and An Unusual Case of Dilated Capillaries, by Dr. William Frick, of Kansas City.

Next meeting in Omaha, September 7, 8, 1911.

No fewer than 2,607 persons were killed by wild animals in India during 1909. In the Mardas Presidency the number of deaths attributed to tigers was 291, compared with 170 in 1908. Altogether 17,449 wild animals were destroyed, including 1,473 tigers, 2,850 wolves and ,2000 bears. During the year 88,503 snakes were killed.

PHARMACY FOR PHYSICIANS.*

(Continued from page 172.)

SUMMARY OF INCOMPATIBILTIES.

Acacia. With ferric chloride alcohol, borax, lead, salts, and ethereal tinctures.

Acetanilide. With spirit of nitrous ether, amyl nitrite, acids.

Acetphenetidin (Phenacetin). With salicylic acid, iodine, hydrated chloral, phenol, oxidizers.

Acids in general. With alkalies, alkaline fluids, acetates, and metallic oxides.

Acid Arsenous. With lime water, magnesia and oxides of iron.

Acid Benzoic. With lead acetate, ferric salts, acids, corrosive sublimate, solution potassium hydorxide.

Acid Boric. With carbonates, earths, alkaline hydroxides.

Acid Carbolic. With potassium permanganate, iodine, bromine, caustic alkalies, and iron salts.

Acid Chromic. With glycerin, alcohol, ether, essential oils, and organic matter in general.

Acid Citric. With acetates, mineral acids, potassium tartrate, suplhides, alkaline carbonates.

Acid Gallic. With spirits nitrous ether, metalic salts, solutions of lead acetate or opium, iodine, lime water, potassium chlorate or permanganate.

Acid Hydrochloric (Muriatic Acid). With alkalies, silver salts, chlorates chromates, oxides, permanganates, tartar emetic, salts of lead.

Acid Hydrocyanic Dilute (Prussic Acid). With silver nitrate, alkalies, metallic oxides, or carbonates, neutral solutions of morphine salts.

Acid Oleic. With nitric acid.

Acid Oxalic. With ferric salts, calcium salts, alkalies, arsenates.

Acid Phosphoric. With lead acetate, ferric chloride, silver nitrate, solutions iron phosphates.

Acid Picric. With alkaloidal salts, dry acids, iodine, sulphur, and organic salts. (These incompatibilities extend also to the salts of picric acid).

Acid Pyrogallic. With antipyrine, camphor, carbolic acid, iodine, lead acetate, menthol.

Acid Salicylic. With potassium permanganate, iron salts, lime water, potassium iodide, and soap. (These incompatibilities extend also to the salts of salicylic acid.) Alkali salicylates will darken unless an excess of acid be present.

*Physicians Drug News.

Digitized by Google

Acid Sulphuric (Oil of Vitriol). With silver, mercury and lead salts, alkalies and carbonates, astringent infusions, calcium, barium, hypophosphorus acid.

Acid Tannic. With mucilages, tartar emetic, silver nitrate, metallic salts, salts in general, alkaloids and their salts, lime water potassium chlorate, alkali carbonates and bicarbonates, albumen, gelatin, and chlorine water.

Acid Tartaric. With caclium, mercury, potassium salts, vegetable astringents, lead.

Aconite. With hydrogen dioxide, alkaline carbonates, chromates, caustic alkalies, permanganates, benzoates, chlorates, borax, picric and tannic acids, cyanides, iodides, bromides, ichthyol, gold and mercury salts, vegetables astringents. Physiological incompatibles. Morphine, muscarine, hydrated chloral, aconitine, hydrocyanic acid, physostigmine, phytolacca, quinine, pilocarpine.

Albumen. With mineral acids, alcohol, mercuric chloride, and vegetable astringents.

Alcohol. With acacia, albumin, bromine, chromic acid, permanganates.

Alkaloidal Salts. With borax, tannin, and all vegetable astringents, alkali carbonates, the permanganates, iodides, liquorice, strong mucilages, mangesium carbonate, and alkaline tinctures.

Aloes. With mercury nitrate, silver nitrate.

Alum. With alkalies and alkali carbonates.

Ammonia Aqua. With chlorine water, iodine, alkaloidal salts, acids, etc.

Ammonium Acetate. With mineral acids, alkali carbonates, chlorine, potassium chlorate and dichromate, silver nitrate, mercurous chloride and nitrate.

Ammonium Bromide. With mineral acids, alkali carbonates, chlorine, potassium chlorate and dichromate, silver nitrate, mercurous chloride and nitrate.

Ammonium Carbonate. With salts of alkaloids, acids and acid salts or syrups, calomel, tartar emetic.

Ammonium Chloride. With carbonates of the alkalies and earths.

Amyl Nitrate. With alcohol, tinctures in general, alkali carbonates, calomel, lead salts, potassium iodide, the bromides and ferrous salts.

Antimony and Potassium Tartrate (Tartar emetic). With antipyrine, alkalines, tannic and gallic acids, astringent infusions, lead salts, mercuric chloride.

Antimony Sulphurated. With sodium bicarbonate, potassium bitartrate, bismuth subnitrate and calomel.

Antipryine. With sodium salicylate (dry), calomel, chloral hydrate, and spirit of nitrous ether if acid.

Apomorphine Hydrochloride. With sodium carbonate and bicarbonate, iodine, tannic and iron salts.

Aristol. With acids, alcohol, ammonia, corrosive sublimate, metallic oxides starch, alkalies, and alkaline carbonates.

Arsenic Trioxide (Arsenous Acid. Arsenic). With potassium iodide, magnesia, lime water, iron and silver salts, copper, hypophosphorous acid, vegetable astringents.

Atropine. (See Aconite.)

(To be continued.)

Dr. Collasowitz, of St. Louis, has returned from abroad and opened offices in the Butler Building at Grand Avenue and Arsenal street. He will limit his practice to diseases of the eye.

The indiscriminate distribution of medicines from door to door for advertising purposes, is prohibited in Ohio under the terms of the Bell bill, which has passed the Senate and has already received the Governor's signature.

J. Allison Scott Research Fellowship.—About 200 friends of the late J. Allison Scott, former adjunct professor of medicine in the University of Pennsylvania, have contributed $100,000 to the University for the purpose of establishing a memorial. It has been decided to make this in the form of a fellowship for medical research at the university. About $200 of the interest of the money will be spent each year in helping some needy third or fourth year medical student to finish his course. The remainder of the interest will be reinvested until the entire sum is large enough to support some physician who will be able to do research work.

Value of the Hands.—Surgeons have often to estimate the chances of saving injured hands and fingers. According to a scale of values furnished by the Miners' Union and Miners' Accident Insurance companies of Germany, the loss of both hands is valued at 100 per cent, or the whole ability to earn a living. Losing the right hand depreciates the value of an individual as a worker 70 or 80 per cent, while the loss of the left hand represents from 60 to 70 per cent of the earnings of both hands. The thumb is reckoned to be worth from 20 to 30 per cent of the earnings. The first finger of the right hand is valued at from 14 to 18 per cent.

Digitized by Google

MEDICAL SOCIETY NEWS

The American Proctologic Society will hold its thirteenth annual meeting at Los Angeles, California, June 26-27, with head quarters at the Hotel Alexandria. Dr. Geo. J. Cook, Indianapolis, Ind., will preside. The program, which should prove most interesting, includes a symposium of eight papers on constipation.

Confederate Surgeons to Meet.—The Association of Medical Officers of the Army and Navy of the Confederacy will hold its annual meeting at Little Rock, Ark., May 16-18, at the same time as the reunion of the United Confederate Veteranse. Dr. Edwin D. Newton, Atlanta, Ga., is president, and Dr. A. A. Lyon, Nashville, Tenn., secretary of the association.

Pathologists Elect New Officers.— The American Association of Pathologists and Bacteriologists held its annual meeting in Chicago, April 14, and elected the following officers: President, Dr. Richard M. Pearce, Philadelphia; vice-president, Dr. John J. McKenzie, Toronto, Ont.; secretary, Dr. Harold C. Ernst, Boston; and treasurer, Dr. Frank B. Mallory, Boston.

The Medical Club of Philadelphia, 1,000 members strong, entertained President Taft and staff at dinner May 4th, the first time in history that the nation's chief has been the official guest of our profession. This active social body honored itself lately by a reception to twenty practicians who thus celebrate their semi-centenary in the profession, that eminent nestor of laryngologists, J. Solis-Cohen, being included.

Society of Tropical Medicine.—The eighth annual meeting of the American Society of Tropical Medicine will be held in Tulane University, New Orleans, May 18 and 19, under the presidency of Dr. William S. Thayer, Baltimore. The first scientific session will be devoted to papers on malaria, the afternoon session to leprosy and sprue. The morning session of the second day will be occupied by general discussion of amebiasis, and the afternoon to election of officers and papers on pellagra, yellow fever and miscellaneous subjects.

Congress on Hygiene.—The Fifteenth International Congress on Hygiene and Demography will be held at Washington, D. C., September 23-28, 1912, authorized by Congress. Acceptances have already been received from twenty-two foreign governments. English, French and German are to be the official languages for papers and discussions. Dr. Henry P. Walcott, Boston, will be active president. Invitations have been sent to the governors of each state to appoint a committee of not more than five members to cooperate with the committee on organiaztion in planning and preparing the exhibition of the congress. The secretary-general of the organization is Dr. John S. Fulton, Washington, D.C. Dr. William H. Welch, Baltimore, is chairman of the executive committee. The work of the congress will be divided in nine sections: that of hygienic microbiology and parasitology will be presided over by Dr. Theobald Smith, Boston; that on dietetic hygiene and hygienic physiology, by Prof. Russell H. Chittenden, New Haven, Conn.; that on hygiene of infancy and childhood and school hygiene, by Dr. Abraham Jacobi, New York City; that of industrial and occupational hygiene, by Dr. George M. Kober, Washington, D. C.; that of control of infectious diseases, by Dr. Hermann M. Biggs, New York City; that of state and municipal hygiene, by Dr. Frank F. Wesbrook, Minneapolis; that of the the hygiene of traffic and transportation, by Dr. Watler Wyman, surgeon general, U.S.P.H. and M. H. Service, Washintgon, D. C.; that of tropical military and naval hygiene, by Dr. Henry G. Beyer, medical director, U.S. Navy, Washington, D.C.; and that of demography by Prof. Walter F. Willcox, Cornell University, Ithaca, N.Y. The exhibition is intended to illustrate the present status and recent progress of public hygiene and vital statistics, especially in the United States, and will be kept open for a week or more after the close of the congress. The director is Dr. Joseph W. Schereschewsky, U.S.P.H. and M.-H. Service.

Alcohol and Drug Habits Studied.—The American Society for the Study of Alcohol and Other Narcotics held its fortieth annual meeting in Baltimore, April 19 and 20. The principal address was delivered by Dr. Winfield S. Hall, Chicago, on "Biological and Physiological Relations of Alcohol." The following officers were elected: President, Dr. Winfield S. Hall, Chicago; vice-president, Dr. Lewis D. Mason, Brooklyn; corresponding secretary and treasurer, Dr. Thomas D. Crothers, Hartford, Conn.; recording secretary, Dr. G. H. Benton, Doublinggap, Pa., and member of the executive committee, Dr. Thomas A. MacNicholl, New York City. Resolutions were adopted asking the government to use its influence to prevent the sale of opium in China.

Digitized by Google

MEDICAL MISCELLANY

Woman's Medical College.—A modern well-equipped clinical amphitheater has been erected recently for the Woman's Medical College of Pennsyvlania at a cost of about $22,500, and is now in use. The building includes a complete sterilizing plant, anesthetizing and recovery rooms, dressing rooms for surgeons and assistants, andwaiting rooms for patients.

Clinics on Spondylotherapy.—Dr. Albert Abrams announces a series of five clinics on the principles of spondylotherapy, to be given in San Francisco during five days following the session of the American Medical Association at Los Angeles. The clinics will be free to members of the association. In these clinics will be demonstrated Abrams' new and original methods of diagnosis and there will be an exhibition of patients who have been symptomatically cured of aneurisms (thoracic and abdominal), myocardial affections, pulmonary tuberculosis and other diseases in a period of time almost incredible by simple methods which can be easily executed by any physician. Spondylotherapy is essentially physiologic therapeutics based on clinical physiology, i.e., the study of human physiology by clinical observations. Progressive medicine is not wholly an achievement of the laboratory and the undersigned will demonstrate how the functional centers of the spinal cord may be stimulated or inhibited in the human subject with the same certainty as is done by the vivisectional experimentalist. Insomuch as the space for the clinics is limited only those members will be admitted who have applied for cards of admission. In writing, please to mention the time of arrival in San Francisco, and the duration of sojourn so that the time and duration of the clinics may be arranged to conform to the wishes of the majority of the applicants. Address Dr. Albert Abrams, 246 Powell street, San Francisco, Cal.

Prevalence of Insanity.—Among the stories and traditions which make up the gossip of every hamlet and village, one of the strangest chapters is that about the man who "went crazy." The men as they talk at their work, the women in their households, and the children on their way to and from school, pass on from one to another the account of the strange doings of a man who tried to harness his team to the wagon, wrong-end foremost, or to drive into the barn without opening the doors, or who thought the angels were talking to him, or that devils were after him, or who chased children, or who unexpectedly attacked a friend. The recital usually ends with the phrase, "and they had to take him off to an asylum."

It is for many reasons unfortunate that this kindly removal of the afflicted person to a hospital in which he may be humanely cared for, protected from injury to himself or others, and receive the best of medical treatment, removes him from further observation by the community. The lessons which would be learned by each community if its insane were cared for in its own sight, so to speak, would be exceedingly valuable. If people generally saw more of the insane after the first onset of the disease they would learn many things which now are known only to a few. They would learn, for instance, that most of the insane are practically harmless; that mental troubles differ greatly in degree and in kind; and that patience, kindness, and sympathy are the chief factors in healing the diseases of the mind as in healing many other ills. The seriousness of the action and the burden which it imposes on the community would be more fully realized, and there would be readier appreciation of the importance of any new light thrown by science upon the nature, origin, and preventability of insanity.

It will doubtless surprise most persons to know that the number of insane persons in hospitals in the United States on January 1, 1904 (no later figures are available for the country as a whole) was not less than 150,151. This was more than double the number in 1900, which was 74,028. From 1904 to 1910 the insane in hospitals in New York alone increased 25 per cent. It is safe to say that the insane now in hospitals in the United States number at least 200,000. These unfortunates, if gathered together in one place, would make up a city approximately the size of Rochester, St. Paul, Seattle, Denver, or Louisville. The population of the State of Delaware in 1910 is almost exactly the same as the number of insane in the United States in 1904. The population of Nevada and Wyoming in 1910 together is about equal to the population of the hospitals for the insane in the United States. The total annual cost of caring for the insane in the United States is in the neighborhood of $50,000,000 per year. About one-sixth of the total expenditure of the State of New York is for the care of the insane.—From "The Progress of Insanity," by Homer Folks, in the American Review of Reviews for May.

Digitized by Google

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

CLINICAL THERAPEUTICS

A forum of original experience with new remedies, to which scientific contributions are invited.

The Bugbear of "Indigestion."—"It is often said that ours is a 'nation of dyspeptics.' Medical men appreciate how apt this statement is, and never was there a time when it was more true. Only yesterday one of them remarked, with a touch of humor, that 'people are living so fast today that they do not stop to masticate their food' a wise observation, we must admit. And besides in the matter of eating have we not as a race departed from the so-termed simple life? Have we not in more than one way become denatured rather than civilized. Have we not? It seems that the things people eat today are censored to tickle the palate, rather than nourish and upbuild the body and the consequence of such pleasurable and improper eating is a disordered stomach."—From Brochure on Taka-Diastase.

One is tempted to quote further from this booklet, so interesting is the story—in subject-matter and in the manner of its telling. To do so, though, were to defeat the present writer's object, which is to insure a wider audience for the booklet itself—a booklet which is well worth having, whether or not one expects to avail himself of its therapeutic suggestions. As the quoted paragraph attests, the brochure is well written. Its literary flavor, however, is but half its charm. In its physical make-up the booklet is a distinct novelty, its quaint cover design, its fitting inner embellishments, and its oriental suggestiveness lifting it well out of the casual and commonplace. The brochure tells how taka-diastase came to be—tells how it is made, and in the language of the distinguished chemist and scientist who evolved and gave to the world this valuable ferment. It explains in attractive, readable form, how taka-diastase acts in defective starch-digestion, in gastritis, in diarrhea and constipation, in wasting diseases, and in the diet of infants. It contains a full list of taka-diastase products and gives hints as to dosage. Altogether it is an important little work, and one that readers of the Medical Fortnightly are advised to send for. A copy may be obtained by any physician by addressing a request for the "Taka-Diastase Brochure" to the publishers, Parke, Davis & Co., at their home offices in Detroit—providing, of course, the edition has not previously been exhausted.

In neurosine is offered drugs of positive utility, which present in permanent and palatable form an elegant and efficient combination of well-known and long-tried remedies, concerning whose vitues in the diseases and conditions indicated there is absolute unanimity of expression among all observers and author upon the subject. In migraine, hysteria, chorea, neuralgia, neurasthenia and neuroses, neurosine is prescribed with satisfaction both to patient and physician. For years neurosine has been recognized as a most efficient remedy in the treatment of epilepsy.

It is announced that the public health service at Washington is about to begin an extended study of goitre to learn the cause of epidemics of the disease now existing in various parts of the country. Dr. John Sundwell, of Chicago, now doing research work at Johns Hopkins University, has been engaged to conduct the investigation.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, THURSDAY, MAY 25, 1911. No. 10

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M: D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

THE TREATMENT OF PATIENTS DESPERATELY ILL IN CONSEQUENCE OF ACCIDENT (SHOCK, HEMORRHAGE AND INFECTION).*

CHARLES E. BOWERS, M. D.

WICHITA, KAS.

The subject I wish to present to this society is the one of patients desperately ill in consequence of accident. These cases are met with in all classes of internal medicine and surgery and by those who attend the sick. They demand immediate attention, and they should receive the best attention that can be given them as soon as we meet them. Many of them seem to be beyond hope, and many of them still recover notwithstanding this condition is present, and consequently it becomes necessary for us to do what we can to save the lives that are thus jeopardized. There are certain questions that present themselves to us. One is, is there anything we can do, and how? What resources have we at our command to assist reaction? What kind of intervention have we recourse to, and by what signs do we know that our patient is exhausted beyond redemption and we can do no more? When a patient is in shock, has hemorrhage or infection, and is in an extreme condition incident to an accident, prompt and efficient intervention is demanded, and should not be limited to those little things which we often see during the closing scene of life incident to the accident.

By common usage the term shock has been applied to the clinical phenomena of pallor, lowered temperature, lowered blood pressure, diminished respiration, weak pulse, feeble heart action, and mental torpor. Brown Sequard defined shock as an acute cerebral anemia due to continuous contraction of the capillaries the result of central stimulation. Very much has been done to support this theory. Estes defined shock as an acute affair. Shock is a very peculiar thing. It may take place and terminate fatally in a short time, in a few hours. We have records of immediate death from shock. Morris, Keen and a great many others define shock as a paralysis of the vasomotor system in which we have as the result of paralysis of the peripheral nervous mechanism, a dilatation of the capillary system. One of the greatest, perhaps the most distinguished experimentor on this subject, Dr. Crile, has defined shock by saying that this essential phenomena that occur in this condition are those of lowered blood pressure, resulting in paralysis of the peripheral nervous system and a congestion or dilatation of the peripheral circulation. Boise and Malcolm exploit a different theory. They believe that shock is due to a contraction of the small arteries, and to obstruction to the general circulation or to the heart as the result of this contraction, due to the hyperstimulation of the sympathetic nervous system in which the capillaries and small vessels contract, and paralysis of the heart is the result. Malcolm has shown this better than any one else I know of, and he says that when there is hyperirritation of the sympathetic nervous system and it continues, we have a capillary contraction in which there is dilatation of the larger arteries. If it is continued and repeated, he finds that the smaller arteries still further contract and then dilate as they reach the heart, explaining why with continued irritation of the sympathetic nervous system the pulse will be lost.

A great many years ago Lord Lister demonstrated to us that by irritating the sympathetic nerves he could produce contraction in the web of a frog's foot, with

*Read before the Medical Association of the Southwest, Wichita, Kansas, October 11, 1910.

Digitized by Google

absolute obliteration of its lumen. If you compare these two theories, the one of paralysis and dilatation of the peripheral nervous mechanism, which physiologist teach us and show beyond a doubt, it is impossible to artificially parlayze the superficial nervous mechanism. If you compare also the pallor of the face of one who is in shock, compare the enfeebled heart action, the respiratory condition, it cannot be reconciled that we have a dilatation and paralysis of the peripheral vascular system. Then physiological principles and clinical principles will not corroborate the theory, the one that is most in vogue, the one today that stands first, namely, that of peripheral paralysis and dilatation of the vascular system. It, at least, challenges the correctness of this theory. If we have a pathology for this condition of shock, I know very little about it. I have read a little recently on the subject and have tried to confirm the idea that we have a pathology for shock, but I would not venture to bring it before you today because I do not believe it is as yet worthy of our consideration. But we must try to treat a condition that we meet with, and have to treat it without a pathology, and a condition about which there is much difference of opinion as regards its cause or causes, and it is very difficult to reconcile any logical basis for treatment, and when we consider the different theories that have been advanced with regard to shock, we have certainly got a question which is a very hard one to solve, and until something further comes to assist us in this emergency condition, if we are going to do any good, there is but one principle that remains for us to consider, and that is to consider the condition of shock as a broader question than its vascular phenomenon. Shock is a composite condition that embraces interference with the blood pressure, interference with respiration, interference with body temperature, and interference with the normal mental activity and as shock deepens and progresses one of the essential things to observe that is always present, most marked and continuous, is body temperature. Experimental research has brought forward the following evidence, that by the application of heat to the surface of the body in some instances irritation was entirely prevented and shock did not appear. In others it was greatly lessened. Second, that as the temperature falls the blood pressure falls, the respiration falls, the mental activity falls; and, third, as you elevate the temperature it is followed by elevation of blood pressure; it is followed by elevation of respiration, and it is followed by an elevation of the mental condition. In other words, the mental condition improves.

There is one other thing to be considered, which was pointed out many years ago by an Englishman. He pointed out that in shock, in giving an anesthetic, and his observation has been corroborated by every experimentor since that time, that there is an elevation in the specific gravity of the blood. Normally there is an exchange between the fluid elements of the blood and the tissues, and in shock it is only fair to believe that as the blood plasm is of less specific gravity than the blood that quickly and rapidly we find that the fluid elements of the blood pass into the tissues. Here we have a heart that must act against a circulating medium of greater than normal density. Holding these four things in mind, we find the body temperature is of the greatest significance and importance, and I would suggest that in treating shock he first therapeutic agent indicated is something that will raise the body temperature, and the best of these are dry and moist heat. Perhaps a hot bath will do the most, and then the other methods of dry heat. That would be the first thing to do. The second thing to do is to lower the head of the patient in order that you may benefit the circulation of the brain. It is the brain circulation that has much to do with shock, and with a better circulation there the sooner will the patient recover from shock. Thirdly, to re-establish the normal specific gravity of the blood, and this can best be done by the use of saline solution either subcutaneously, by the rectal method, or by the transfusion of blood. Perhaps that would be the best, but the saline solution is the one that is most needed. It is the quickest to do, and we can use that quicker than anything else, and as we find that the saline solution does the most for the corpuscular repair of the blood, it answers our third and most important purpose.

I would like to mention one example of shock and that is in burns and scalds where we find it is most marked. How are these cases to be treated. In the past they have been rushed into an ambulance, carried away to some hospital, taken to the operating room or dressing room, and some prolonged academic dressing is applied, and the patient is returned to the room. If these patients so treated do not die while this is being done during the continuous onslaught of irritation to the sympathetic nervous system, well and good. When a patient is burned the doctor should im-

Digitized by Google

mediately leave that patient where he is burned, wrap him up with something that is clean, give morphine, block out the afferent impulses, resort to saline solution per rectum, and keep the crowd away. Keep the patient quiet, and you may possibly tide him over until you can do something for him, and he is not so likely to die from shock.

The next question is hemorrhage. Hemorrhage is a very important thing, and in the complex question of shock it is very hard to decide and tell whether a patient is suffering from hemorrhage or shock. Of course, if the hemorrhage is external, you can see it. When it is internal, it is a question for you to decide what to do. It is through hemorrhage sometimes that death ensues in these cases. The patient dies from the loss of corpuscles of the blood. He dies a mechanical death from the want or the amount of blood he should have. The vessels can no longer contract on account of their emptiness. There are two conditions that cause contraction of vessels, one is the great loss of blood, and the other is irritation of the sympathetic nervous system. Now, what shall we do when we have hemorrhage? The hemorrhage may be external or internal. When it is external we have a means of hemostasis which can be applied and arrest the hemorrhage. But we have another duty to perform. The damage has been done, and we must restore our patient from this condition, and that can be best accomplished by the use of salt solution. There is one thing I do not want to forget because it impresses me more than anything else, and that is in regard to external hemostasis. The tourniquet has performed a most useful function in controlling hemorrhage where large vessels in the extremities have been injured, but it has been used to the detriment of patients, I dare say, many times. The tourniquet should be applied only with the object in view of its early removal, and it should be applied as close to the seat of injury as possible in the event you feel there is to be a surgical operation performed. I have amputated high up in the thigh where the tourniquet was applied to control hemorrhage from injury to the foot and ankle, and the tourniquet was allowed to remain eight or nine hours. I have amputated the arm high up in cases where the tourniquet was allowed to remain six or eight hours to the injury of the forearm or arm. I say apply the tourniquet as close to the seat of injury as possible, and especially apply it below the line of amputation. Why? Because if you constrict the circulation in any tissue you devitalize you invite infection, and if you compress the flaps and allow them to remain, it may answer the question why you have lost the patient from hemorrhage. Sepsis is a complex question. Infection may be local or general. Local infections are usually easily handled, and if the proper attention is given to them early our patients will recover. But it is the general infection I want to call your attention to. Here we have no means of judging the degree of intoxication that has taken place, nor have we any common means of estimating the body power of resistence, and consequently we must apply here remedies that will do the most for our patient. In general infections the kidneys and the heart must bear the struggle. It might be better to say that the living cells bear the struggle, but it is the heart that guides the surgeon as to whether he can perform an operation successfully or not. It is the heart that reveals to us the prognostic indication in our cases. It is the heart we usually depend upon in estimating what can be done. But it becomes our duty here to do the things that will help most to re-establish a normal condition and assist the general circulation. This I think is best accomplished by the use of the saline solution.

Of course, the question of amputation comes up in such cases as gangrenous phlegmon of the extremities or diffuse arthritis, and whether it is justified and will save life. We must decide that question. There has been a great deal of discussion on that, but it is important not to undertake to do those things until you have relieved the patient of shock and have raised the vascular system as nearly as possible to a normal condition. In doing this I have little faith in drugs. I have little faith in the use of drugs in relieving shock in the conditions that confront us. We have those who advocate the use of adrenalin and alcohol and ergot, nitroglycerine and all those remedies which are vaso-constrictors and vaso-dilators. They give a vaso-constrictor, and if it is indicated well and good, but do we know it is indicated? Inasmuch as there is a good deal of uncertainty attending the use of these drugs in shock, it is better for us to do those things that help to benefit the vascular system, the mental condition, the elevation of blood vessels, and increase the respiration which can only safely be done with the remedies I spoke of a minute or two ago, and that is to use salines, putting the patient in proper

Digitized by Google

condition, blocking out the afferent impulses, and with the use of saline solution bringing the patient back to a normal condition.

I have brought this subject before you for the purpose of bringing before the general practitioner some views I hold in regard to this question, because I have seen many cases which I have thought have not been treated correctly. This is a subject that deserves more study and attention than I have been able to give it today, and I trust other members here will give you the benefit of their experience in treating this class of cases.

ONE SIDE OF A TRUE ANALOGY LARGELY LOST SIGHT OF.

E. E. CLARK, M. D.

DANVILLE, ILL.

The caption heading this paper is prompted by the findings in the last six successive cases of mastoiditis I have operated.

The facts are not quite so bad as this heading would suggest, but I choose to put it this way hoping to attract the serious attention of any one who has not given the subject due consideration.

I want to draw the analogy between mastoiditis and appendicitis as to possible sudden development, great danger to life, management, results and the attitude toward the two by some physicians and the laity.

Nearly all physicians as well as a large per cent of the laity are quite cognizant of the dangers of appendicitis and the one advises operation soon as the diagnosis is made and the patient and friends act on the advise with but little hesitation. How about mastoiditis? It is even more dangerous to life than appendicitis. No large per cent of them would recover without operation, and early operation is far less dangerous; too often in mastoiditis we find the individual, parents or firends begging to wait a few days. What may a few days mean? In appendicitis it may mean rupture into the peritoneal cavity, peritonitis and death. In mastoiditis it may mean invading the cerebral meninges with meningitis, brain abscess, or thrombosis of lateral sinus and death.

Many cases of appendicitis would get well without operation but what one of us cares to take the chance of being the one to have a perforation, peritonitis and the black robed gentleman saying nice things about us and dear friends rushing to the florist to get the choicest and best.

The same, exactly, is to be said about mastoiditis and it is up to the family physician to educate the people to the point of seeing as great or greater danger in mastoditis as in appendicitis.

Ear specialists throughout the world are urging the family consultant to help in the education of the laity to the great danger of pus in the middle ear and mastoid cells. Thirty per cent of the brain abscess cases are the result of suppurating ears. It is the old chronic ear that is the most dangerous. Most cases of meningitis is the result of extension of infection from the middle ear to the meninges.

People do not hesitate to be operated on for chronic appendicitis. Chronic appendicitis is no more dangerous than the old chronic discharging ear. Yet how seldom will you find a person who will submit to a radical mastoid operation until the danger signal is already out. There is no more conservative operation in surgery than the radical mastoid. Every case operated will be free from future danger of intracranial complications and 95 per cent will have dry ears.

In the last six successive cases of mastoiditis I have operated the bony necrosis had exposed the membranous lateral sinus or dura to a greater or less extent. What does this mean? That some one has been responsible for causing delay in having the operation.

It would be almost impossible to find a general surgeon who could say that his last six cases of acute appendicitis had ruptured when the cases came to operation.

In these six cases of mastoiditis it is quite likely that a few days more delay would have meant thrombosis or meninigitis and death.

Six successive cases like these should make us think and also see more distinctly both sides of this analogy.

313 The Temple.

A Ward for Locomotor Ataxia at Montefiore Hospital.—Mrs. Adolph Scheftel, of New York, has given $10,000 to the Montefiore Home for Chronic Invalids, Broadway and 137th Street, New York, to endow a ward for the treatment of patients suffering from locomotor ataxia. This donation was given in memory of Mrs. Scheftel's husband who suffered from the disease thirty-five years before his death.

Digitized by Google

A NOTE ON TUBERCULAR-PHOBIA.

CURRAN POPE, M. D.

LOUISVILLE, KY.

Former Professor of Nervous and Mental Diseases, Louisville Medical College; Medical Superintendent, The Pope Sanatorium, etc.

The fierce war that is being waged upon tuberculosis is now not only national, but world wide. From a state of indolent apathy, from the great city to the country hamlet, the fear of the "Great White Plague" has spread until now even the most uneducated speaks not of consumption, but tuberculosis, with a varying pronunciation of the word. This knowledge of the laity is unquestionably of great advantage, and will in the end, in all probability prove an efficient means of eliminating the white plague. Doubtless in the near future the same state of affairs will be found with regard to the "Great Black Plague," but that lies only in anticipation.

While knowledge is dear, and through it alone can great good be accomplished, that has at its bottom permanency, still it must not for a moment be presumed that this good work of prevention and cure is unattended with evils. The great number of neurotics found in every community of the world, with their sensitive appreciation and great capacity for emotion, together with their hypersuggestibility makes them a ready subject for the morbid dread or phobia of this disease. Often people who are free from any neurosis have taken up a suspicious dread of colds and coughs and everything upon which the tag tubercular might be stuck, and while perhaps this is good as a protective measure to say the least, it produces a disharmony that is trying to the nervous system. Few but what will admit that the mental anguish and suffering entailed by worry and fear, and especially fear of a dread disease, is doubtless a form of refined suffering, far greater in many instances than the actual patent somatic pain, that at least has a firm reality (with apologies to Christian Science; God save the mark).

Specialists in nervous diseases see many of these cases of psychic tuberculosis and gain an interesting insight into the mental attitude of the people and in many instances of the particular genus homo. I have seen an unusually large number of these cases, mostly in those whose normal is neuropathic, or the victim of an actual neurosis and have also seen cases made mildly neurasthenoid by the constant haunting thought of this disease. There is another feature or phase of the fear of tuberculosis that is interesting. An individual develops a cough, perhaps has a little fever and immediately the family question as to whether he has "incipient" consumption and hustle him off for a diagnosis. The following cases very briefly outlined will serve to illustrate the varying phases above noted.

Case 1. A lady, 28 years of age, a school teacher and hard student, of spare build, neuropathic through a long line of ancestors, has been my patient off and on for a long number of years. She regained her health completely several years ago, and had no idea or thought of illness, until one day she developed a little "hacking" cough to which she paid little or no attention, until a "kind" friend suggested that possibly she had a tubercular infection. "Great oaks from little acorns grow" and so this idea sinking its roots into the neuropathic subsoil, soon flourished, not like a great oak, slowly and steadily, but somewhat after the manner of the green bay tree. A most careful and thorough physical examination, repeated examinations of the sputum, positive assurance and reassurance succeeded in producing a mental "catharsis." Two years have passed and she is still well and defies both the actual and psychic micro-organism.

Case II. A young mechanic, powerful and husky, with the sturdiest kind of nerves, capable of standing the strongest dissipation in which mortal can indulge, had following, as he expressed it, a little "toot," a rather bad cold. In the course of a week or ten days, he recovered entirely from this, without medication, but had a slight clearing of the throat, so much so that an anxious mother finally persuaded him to seek a diagnosis. He considered the whole thing "foolishness;" I will not mention the attributive adjective used to qualify the noun, foolishness. In a long professional career, I have never seen a more magnificent chest box, or more bellows-like lung. A single application to the throat of argyrol relieved the irritation and afforded a psychic outlet of maternal anxiety; "her boy" was then "all right."

Case III. This fellow was a giant, six feet two; weighed 240 lbs., hard as nails and strong as an ox. Successful in business, of happy cheerful disposition, of loud laugh and joyous companionship; liked his friends and was liked by them. One night he went home with a friend (sober) and slept in the same bed. A week after the doctor pronounced his friend's sickness to

Digitized by Google

be that of incipient tuberculosis. Our patient immediately developed a cough and began to worry. Could not eat, could not sleep and even contemplated "putting his house in order" for fear that he had contracted the disease. A careful physical examination of one of the healthiest individuals I have ever seen and careful explanation, a little psychotherapy and a whole lot of persuasion affected in a short time a complete and radical cure.

I wonder how many neurologists can duplicate these experiences? I fancy that their name is legion.

TYPHO-BACILLOSIS.

WILLIAM FRANCIS WAUGH, A. M., M D.

CHICAGO

Professor of Therapeutics, Bennett Medical College (Medical Department, Loyola University).

In 1883 Landouzy first directed attention to a variety of acute tuberculosis closely resembling typhoid fever in the early stages. The tubercle deposit is very small in proportion to the symptoms it induces.

To this he gave the name of typho-bacillosis. At that time the attention of the entire medical profession was absorbed by Koch's discovery of the tubercle bacillus, and Landouzy's work received less notice than it merited. Quite recently Philibert has directed attention to it anew (Le Monde Medical, March, 1911), and Gougerot has also presented a paper upon it in LaPresse Medicale.

Landouzy describes the onset as insidious, beginning with malaise and lassitude. Twice Gougerot noted an acute outbreak (following some days of vague prodromes), with chilliness, followed by vomiting and sweating. Headache is a common feature. Insomnia, anorexia and vomiting may occur, but diarrhea is rare and epistaxis unknown.

When the patient calls in the doctor, he is apt to note the typhoid face, prostration, the patient dull and torpid, but rational. Stupor and carphologia are absent. Subsultus is rarely observed. The tongue may be coated pink at the tip and edges, white in the center, sometimes red and dry. The heart sounds are normal, the pulse quicker in ratio with the fever than in true typhoid, running at 96 to 104 with a temperature of 103-104 F. The spleen is enlarged along Piorry's line. The abdominal symptoms of typhoid are absent and some cases are constipated. If diarrhea occurs the stools are yellow, without significant odor or appearance. Gougerot noted pain and gurgling in the right iliac fossa, with abdominal tenderness. He also noted bronchial symptoms in one case, but as this is exceptional it may have been a coincidence.

The temperature runs between 102 and 103 F., sometimes rising to 104. There may be a daily range of two degrees with the acme in the morning or in the evening. After a course of weeks or months it slowly declines toward 99, remaining there even after the patient leaves the hospital. Sharp rises are frequent.

Near the middle or end of this stage the tuberculous focus may be discovered, often as a small pleural effusion. In his own case Philibert could withdraw but 20 c.c. of fluid. Usually this pleurisy disappears in a few days, rarely becoming general.

Convalescence is slow, fever persisting as well as emaciation, even after the return to work. After some weeks, months, or even years a tuberculous lesion becomes evident, running the customary course. The attack of typho-bacillosis is divided from this by a period of quiet, which is characteristic.

Weil and Mouriquand describe forms in which the tubercle affects the meninges, lungs, pleura or peritoneum at the recurrent attack. Some of these may be primary tuberculous attacks.

The malady resembles atypic typhoids, without bronchitis or rose spots and other notable symptoms, but during which a circumscribed pleurisy develops. Recovery ensues after a tedious course, when a pulmonary meningeal or visceral tuberculosis follows.

Little has been added to the anatomic studies of Landouzy, because few die during the period of the attack. He described the splenic enlargement, slight intestinal injection, and tuberculous granulations at the apex of the lung. There were no typhoid lesions.

There is some analogy between typho-bacillosis and Yersin's experimental septicemia type of tuberculosis, but in the latter many bacilli were found in sections of the liver and spleen. No observations have been made in typho-bacillosis in regard to this, but Gougerot inoculated two rabbits with small doses of bacillus cultures, and succeeded in inducing febrile attacks that followed the typic course of typho-bacillosis, with apparent recovery and a fatal relapse. They presented tuberculous lesions in the lungs and viscera.

Landouzy's studies led him to look on the malady as a toxi-infection. While tubercle colonies are found in rare spots the

Digitized by Google

toxins are sown everywhere. Gougerot suggests that they anaphylactize the victim for a further discharge of the toxin. Landouzy separates typho-bacillosis from caseous and miliary tuberculosis; the former presenting large caseating masses, the latter a diffuse infiltration by innumerable separate colonies. Neither is present in typho-bacillosis, but merely a few discrete granulations. The symptoms differ radically.

The diagnosis is difficult. The typhoid group present their respective bacilli; true typhoid the rose spots, bronchitis, typhoid stools, and palatine ulceration sometimes. But Widal found bronchitic foci limited to the apex in true typhoid. Albuminuria is rare and scanty in typho-bacillosis. The rapid pulse as compared with the temperature is notable; the appetite is good and dyspnea is marked, without apparent cause. The fever curve is not that of typhoid, but approximates that described as tuberculous by Benzanon and de Serbonnes. The Widal reaction is absent. Blood culture by Bourquet and Lesieur's method is negative and this excludes typhoid, parayphoid, and streptococcic and colon-bacillus septicemias. A tuberculous pleurisy may develop during a true typhoid. Lumbar punctures determine the question of meningeal tuberculosis. Tuberculosis of the peritoneum or intestine may simulate typhoid to some extent.

Lastly, typho-bacillosis does not vaccinate the organism against itself or any other form of tuberculosis.

The above data are taken largely from an excellent resume of the literature on typho-bacillosis in Le Monde Medical.

We have to deal here with an invasion by a wandering horde of bacilli, small in number or not very virulent. They barely succeed in effecting a lodgment in the vulnerable tissues of lung and pleura, but they do effect it. The defensive forces of the organism are almost successful in repelling the invasion, but not quite. An outpost is established and fortified, where the attackers lie gathering strength until they are able to resume active operations and penetrate further into the pulmonary territories. Probably in some instances the defensive forces are triumphant, and in cases where years elapse before a general pulmonary infection follows, the original invasion has died out and we face a new one that has no direct connection with the former. More often it is merely a question of time until the original swarm, multiplied in numbers and with virulence developed, empties itself in the doomed lung.

With this state of affairs, we infer that there is no phase of the tubercular attack which should present a brighter prognosis. If the defensive forces of the body are almost able to withstand the attack, an effective reinforcement should enable them to come out of the battle victorious. Surely, if the intervention of the physician is ever potent in tuberculosis, it should be here.

The true nature of the malady recognized, the earlier our aid is afforded, the more effective it must be; when the powers of the patient are as yet unimpaired, and the invading forces have not had time to multiply by reinforcement or reproduction.

We may take the detail of regime for granted: The roborant methods familiar to every practician, the scientific dieting, life in the open air, exposure to the sunlight, and the other details of that personal and domestic hygiene whose enormous import we know so well.

So also we may pass over without a detail, the symptomatic treatment, the moderation of fever and cough, the regulation of the digestion, strengthening the bodily forces, equilibration of the disordered functions. The essential importance of such attention, pushed to the minutest detail, is known to every practician; its description would fill a volume. We come to the one principal object of therapeutic attack, the bacillus. Of the innumerable methods suggested to directly oppose the living active originator of the disease I select as the most likely to prove effective, the measure introduced by Professor Ward, of St. Louis, the intravenous administration of nuclein. To Metchnikoff, we owe the discovery of the phagocytic power of the leucocytes; to Vaughan that their number and phagocytic activity may be increased by the administration of nuclein; while Ward deserves the honor of showing the most effective manner of utilizing this remedy, and of demonstrating its marvelous powers in combating tuberculosis.

Ward's work was first presented in a paper read before the Chicago Academy of Medicine. He first studied the blood of patients suffering with tubercular phthisis, and found this blood, (1) of low specific gravity; (2) deficient in red blood corpuscles, and (3) in hemoglobin, with (4) an unusual percentage of deformed or imperfect cells. He then instituted the treatment by the intravenous injection of nuclein, and studied the blood at regular intervals during the treatment. In the four characteristics named there was a steady improvement, until in time the normal conditions were re-

Digitized by Google

stored. As the blood approximated this state of health, the symptoms improved and the bacilli in the sputa became fewer, until they disappeared and the patient presented the aspect of health. The treatment extended over a year or more.

Professor Ward's paper was commendable for the thoroughly scientific manner in which his observations were carried out, and the conservative statements which he made regarding the results. Every step was demonstrated by modern methods. His treatment commends itself to our predilection as being an effort to aid nature in her method of combating the infectious invasion.

In typho-bacillosis we face a minimum tuberculous disease, which, thanks to the studies of our Gallic confreres, we are able to diagnose at an early stage of the malady. If our assumption of the influence of the nuclein is correct—it has never been questioned, much less shown to be erroneous—we have an intelligible means of directly meeting the need; by aiding that process by which the bodily forces cope with the disease. It is possible, even probable, that the result would be bettered by injecting nuclein into the affected pleural sac. In a number of external affections, when it seemed desirable to reinforce the threatened tissues by local feeding, to increase their resisting power, the application of nuclein has been followed by a benefit too decided to be coincidental. Such an injection of nuclein diluted with normal saline solution, administered with the precautions observed by Ward in his intravenous administration of this remedy should prove harmless and effective.

So far our a priori reasoning conducts us. There remains the practical application. Will it work out? Too often the result of such schemes is only to again demonstrate to us the imperfection of our knowledge, when some unforeseen circumstance arises, to complicate a situation apparently simple, and mar the result. But this is no reason for neglecting to make the trial, and by so doing can we hope even to make progress? If the method fails, we are no worse off, if it succeeds we have won one more battle against this ubiquitous bacillus and established one more vantage point from which to direct another advance.

If a patient with the signs and symptoms of chronic appendicitis is duly anemic and has lost weight, be prepared for the possibility of a more serious lesion, e. g., neoplasm, ileocecal tuberculosis.—Am. J. Surg.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

(Continued from page 186.)

CHAPTER III.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

There is an antithetical class to those who believe that lots of a good thing is better than a little. They believe that because too much of a thing is bad a little is bad also. A most striking example is your total abstainer.

An experience of many years leads me to believe that there is no drug that will cure intemperance. When we can find a remedy to brace up a weak will power we may hope for a cure; we may brace up a weak body; but if the power of resistance is weak we can do but little more than temporarily prop it up.

There was a man who agreed with his friends that he must stop drinking if he wanted to continue living. He would acknowledge that all the arguments against intemperance were good; but he always introduced the excuse: "My grandfather died a drunkard, my father died a drunkard, and I suppose drink will make an end of me." If you asked, "Why should it?" he would reply with a show of exasperation at your persistency in pursuing such a disagreeable subject, "Haven't I just told you it runs in the family?"

This was a case where the treatment should have been that of several generations prior to his day. It is a style of reasoning like that which led our forebears to follow the turnpike road with never a thought of cutting across lots, because their fathers made and used the same road.

Straight ahead, up hill, be it ever so steep and stony, and down the dale, be it ever so low and boggy, they plotted the road and religiously followed it, until some man strong in the courage of his convictions struck out over the "new road" around the hill.

But there is such a thing as being too strong minded. There are men who, having been drunkards, and having become total abstainers, have refused to take alcoholic stimulants, when ordered by the doctor, who had prescribed them in good faith and in urgent need. He would take anything but stimulants. The doctor tried his utmost to convince him that it was a matter

Digitized by Google

of life or death. The clergyman tried to prove that no pledge held good in such an extremity. His wife and children, with tears in their eyes, implored him to yield. But in pain; the man was obstinate unto death; a suicide by criminal negligence.

In many things experience proves that safety lies in the common-sense middle way, but in the case of intoxication, it must be very medium indeed. And temperance does not alone mean moderate and rational use of alcoholic liquors, it means rational use of all things.

Medically speaking intoxication is constitutional poisoning. The Kamchatkan inebriate chews toadstools, the Peruvian chews coca leaves, the natives of India chew betel leaves, areca nuts, and lime and we, vaunting our common sense, speak disparagingly of the poor Indians, and sneering at intemperance knowing but one meaning of that term, show ourselves most irrationally intemperate in our speech and actions.

Let some hare-brained genius proclaim a fad or cult and a horde of faddists immediately whirl after him or her outdoing the originator in their ultraism. Let some one injured by intemperate use of coffee pronounce the ban against coffee and promulgate the beneficial effects of roasted corn as a substitute, and, lo! the number of roasted corn drinkers becomes legion! If there is an iota of scientific fact upon which to base the ban and foster the substitute that is carried to the extreme which makes it an absurdity. If, on the contrary, the fad is based upon the mere dogmatic assertion and attitude of one who's only authority is an "I-say-so," and the numerous disciples have no greater authority than an ipse dixit the fad becomes ridiculous if not exasperating.

The pity of it is that these faddists style themselves and their fads as rational while they talk and act like insane fanatics. Their mental condition is like the movement of a pendulum, now swinging to one extremity and then to the other, never standing plumb over the landmark of reason.

Such extremists are among the most annoying and harassing members of society, constant agitators, always obtruding their opinions and dogmas as positive facts, beyond refutation or dispute, the more energetically and offensively as they are the more ignorant. The only way to avoid being hurt is to avoid argument and let them pass by with all their arrogant pomposity of assertion I-know-it-all. For truth stands firm through the ages, but fads and fancies flourish for a day and wither by the wayside.

(To be continued)

The New Indiana Sanitary School-house Law requires that all school houses hereafter constructed or remodeled shall conform to certain sanitary principles carefully set forth in the law. Failure on the part of the school authorities to obey makes the bills for materials and construction null and void. There is also a fine of not less than $50. Employment of teachers or janitors having syphilis or consumption is forbidden. Teachers shall send home all children in any degree sick, or who are dirty or malodorous. Hygiene shall be taught in the fifth grade or other grades at the option of the school authorities.

Inefficient State Institutions.—The report of the State Board of Corrections and Charities is a harsh indictment of Missouri. Summarized the charges are that the people are indifferent and unsympathetic, the legislatures stingy and careless and every State institution is unscientifically constructed and usually ill-managed and inadequate. No one can read the report and blink the salient fact that the people have not discharged their obligations to provide for the unfortunate and, if the legislature has reflected this view in its parsimonious conduct, matters generally are very bad indeed. Certainly there is no possibility of retaining the belief that Missouri eleemosynary institutions are in a high class. Attention is called to the fact that there is in the State no prison for women and no reformatory institution. Criminals of all ages and degrees are herded together. Having no school for neglected and delinquent children, these are classed with the incorrigible and placed in the same school. The blind and deaf are inadequately provided for. The feeble-minded and epileptic are neglected and, if colored, only the county poorhouses are open to them. None of the asylums are fireproof; some have no proper fire escapes and in all the appliances are ancient and the facilities poor. To expand, improve and add to the institutions that exist will require much time and the expenditure of much money, but even if the report of the board is liberally discounted, it is patent that the State has before it a task of reconstruction of colossal proprotions.—St. Louis Post-Dispatch, May 4.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Meeting of the State Association.

Those of us who were hindered from attendance at the recent meeting of the Missouri State Medical Association in Kansas City evidently missed the best thing of the kind that the organization has ever known. The returning delegates tell such a uniform story of excellent programs, interesting social features and large attendance that the regret which we were feeling in that we had to stay at home is considerably augmented thereby. Better than fifty members went from St. Louis and the total registration was slightly under six hundred. There has been a considerable change in the matter of programs of recent years and those for this meeting gave place to papers only which seemed to have a definite scientific reason for an audience. This change has meant shorter programs and more which will excite thought and discussion, it has not yet reached perfection, but the membership is learning that the association expects a message; a man will hardly get on a program a second time if he has been but a space filler on the first occasion. This is as it should be.

The principal social function of the meeting was the banquet given by the Jackson County (Kansas City) Medical Society to the association at which between 350 and 400 were present. The banquets of the alumni of Washington University and St. Louis University were each considerable affairs and characterized by good-fellowship.

The selection of Sedalia as the place of meeting for 1912 is good. Sedalia is very accessible and can comfortably care for the membership.

The election of Dr. R. H. Goodier, of Hannibal, to the presidency seems to have pleased everyone. Many of the doctor's friends would have had this honor conferred on him a year ago, but it was not to be, it comes with such unanimity at this time that Dr. Goodier and his friends must feel great satisfaction.

The American Medical Meeting.

Now that the meetings of the State societies are well over it is time to perfect plans for attendance on the meeting of the American Medical Association. The date of this meeting is June 27-30, and is close at hand. In presenting reasons for attending this gathering there is usually an accentuation of vacation opportunities in its connection, and there never has been a location selected which affords more of these than are to be found in connection with the Los Angeles trip, but we believe that the real, the great argument for attendance lies not in the program and not in scenic and climatic diversion, but in the opportunity afforded to foregather with the brightest medical minds which the world knows. The few days spent with some 3,000 men who are really doing things in medicine, who are as ready to meet you as you are to meet them, who are finding in you somewhat the same inspiration as that is which you are drawing from them, a few such days are well worth considerable effort and some sacrifice, they may mean the enthusiasm and earnestness of a year's work.

Of course you will want to do other things, one does not pass by the Grand Canon or the Yosemite every day and so much should be seen as can be without overdoing that phase of the trip. The going trip is generally being planned by the St. Louis delegation to include the Grand Canon the Missouri Pacific and the Santa Fe having been selected as its official route. After the meeting it will be difficult to keep any considerable party together as each man will have his own idea how long he wishes to remain in each place and which side trips attract him. A number are planning to make short stops at San Francisco and Seattle and to go on to the Canadian Rockies, others will not go north of San Francisco and will come east through Utah and Colorado, a few will make the Alaska trip. Conditions in Mexico make it probable that it is an unsuitable time to attempt to visit that country.

The editor of the Fortnightly will gladly be of service to any of its readers who may wish information or to make sleeper reservation for the trip, and would urge the

Digitized by Google

wisdom of definite plans from this time on.

The Study of Mankind.

There is no more attractive study open to man than the study of man. In his normal and abnormal aspects man is always interesting and the more we know of him the more interesting he gets. The study of abnormal man, except the more accentuated types, is still in its infancy though tremendous strides have been taken in the work during recent years. Thanks to the work of the pioneers in this field the world is beginning to classify certain groups of lesser irresponsibles and delinquents as they deserve; some conditions which were considered, even within the memory of the younger of us, as criminal are coming to be regarded as within the province of the hospital rather than the jail. The larger cities are taking to the new classification with greater readiness than are the smaller, while in country districts the scientific and human idea, that some of their deficients deserve other treatment than the general condemnation which is theirs, has yet to reach but it is coming. Our cities now have the schools for backward children, thorough medical inspection of children in the public schools and through it the early determination of defects and disorders which might if left unremedied hinder the development of the child; it is not at all an unusual thing for our police courts to send prisoners to the City Dispensary who would formerly have gone to jail without the court's feeling further responsibility in the matter. All this is good, it is a hopeful sign of the times, but the medical profession itself recognizes forms of irresponsibility of which it has not yet convinced the laity, the work is only begun. Today the idea that a lazy man is so because he has something wrong with him and that he should have treatment from a physician is treated by the press generally as the hugest kind of a joke. But we are not so certain that it always will be a joke. Stranger things have happened than that laziness should one day be remedied by a serum or other treatment. The crank is being studied and tabulated, presently we may know just where the screw is that needs tightening that he may be returned to normal poise and spoiled as a crank. These are days when almost nothing looks impossible to scientific investigators, and they are beginning to convince the world.

ST. LOUIS ITEMS

Dr. and Mrs. R. B. H. Gradwohl left St. Louis on May 20th for Europe, where they will spend the summer.

Dr. Edith Strong, some time a resident of St. Louis, and associated in the affairs of the St. Louis Medical Society, is now located at Los Angeles, Calif. She states that she has the glad-hand in good trim in anticipation of the coming of St. Louis members to the A. M. A. meeting in that city.

Dr. Bransford Lewis of this city was the invited guest of the Kansas Medical Society at a meeting held at Kansas City, Kan., on May 4th, and was the principal speaker on the program and at the society's banquet which was held the same evening. Dr. Lewis also addressed the Western Tennessee Medical Society at its recent meeting.

Examinations have lately been held for physicians who aspired to positions as inspectors in the public schools of St. Louis, and for those who would serve as dispensary physicians. These new methods are meeting with such general approval as a consequence of the good material which they are finding for these positions that there is little chance that the city will ever see a reversion to the old plan.

The Medical Director of the St. Louis Public Schools and the School Board are facing a legal fight to demonstrate their right to enforce compulsory vaccination, the antivaccinationists having brought the matter into the courts. Now is the time for all physicians to forcibly express themselves in defense of this beneficent procedure. Except we rally to the support of the board and Dr. Stewart there is a chance of an unfortunate outcome of their just cause, and the cause is ours.

"**Non-bacterial**" pyuria is very suspicious of tuberculosis.—Am. Jour. of Surg.

For Internal Piles.—

Powd. ext. witch hazel	1 gr.
Orthoform	5 gr.
Cocaine hydrochloride	.1-2 gr.
Ext. belladonna	1-6 gr.
Ext. opium	1-6 gr.
Cacao butter	60 gr.

Make one suppository.

One to be introduced into the rectum before rising in the morning and on retiring.

Digitized by Google

DIAGNOSIS

Hypersecretion.—Dr. J. A. Storck, New Orleans, states (Interstate Med. Jour.) that the only way of making a positive diagnosis of hypersecretion is by examination of the fasting stomach by means of the stomach-tube, and the obtaining of more than 30 c.c. of gastric juice, usually of an acidity of from 70 to 110. If there is no retention of food the fluid is clear, straw-colored, slightly milky, or bile-tinged. If particles of food are present in the fasting stomach after a mixed meal the evening previous, the particles almost always prove to be starch granules, the meat fibres being more likely to have undergone digestion in the acid gastric juice. Before the diagnosis is complete, it will often be found necessary to wash the stomach clean the night previous to withdrawing the stomach contents the next morning, thereby enabling the physician to determine whether gastrectasis is already established. In arriving at a conclusion as to the cause of hypersecretion, tabes dorsalis must not be overlooked.

Tuberculosis.—Schwalm (Med. Klin. Berlin) discusses whether the newer methods of diagnosis are of much assistance to the general practitioner, his conclusion being that the clinical examination of the patient is still as always the main reliance, and that the tuberculin test should not be applied except when there is some indication of incipient pulmonary tuberculosis and it is impossible to determine the facts in any other way. If the tuberculin test is applied, it should be by subcutaneous injection for adults and by the cutaneous method for children. The subcutaneous test should not be applied, he says, outside of an institution as close supervision of the patient is indispensable for its proper estimation; if the temperature is taken by the laity the findings are unreliable. He warns further to be on the watch for the pseudo-reaction liable to occur in nervous patients; the only means to exclude it is by a control injection of water alone.—J. A. M. A.

Rickets.—Barbarin (in La Unique) discusses the typical signs and symptoms of rickets. He considers that diagnosis may be difficult when the clinical picture is incomplete and only one or two symptoms are manifested. A single symptom may be so exaggerated as to suggest some other disease. Hydrocephalus may be mistaken for rickets in its early days; it is found that when the large fontanelle is auscultated there is a "souffle" in the rachitic case which is not heard in the hydrocephalic. The hydrocephalic head develops as a whole, whereas in rickets the enlargement is confined to frontal and occipital regions with depressions between the bones. The syphilitic cranium is natiform and does not resemble the bossy head of rickets; but the writer has seen a typical natiform head with all the physical signs of rickets in a case which improved upon antirachitic treatment. It is rare to find several of the intercostal nodules joining together to form a mass resembling a tuberculous osteitis of the costal region. Occasionally the deformity of the thorax will suggest Pott's disease in the upper dorsal vertebra. The absence of curvature of the spine differentiates the condition, but rickety kyphosis has often been mistaken for Pott's disease, and is most readily distinguished by examining for rigidity; the rachitic spine is flexible. Curvature of the neck of the femur will suggest coxa vara. When unilateral it may cause a slight limp and some compensatory scoliosis; when bilateral it may simulate double congenital luxation of the hip. The diagnosis can only be arrived at by the aid of radiography. The head of the bone cannot be felt; and the gait is characteristic of luxation, etc. Rachitic hypertrophy of the condyles of the lower end of the femur or of the wrist may resemble tuberculous osteitis, unless the perfect mobility and absence of pain and muscular atrophy are remarked. Flat-foot is very commonly associated with curved tibia. All the conditions mentioned are purely rachitic, and may be corrected by medical treatment.—Med. Standard.

Diagnostic Importance of Maximal Concentration of Urine.—Heitz-Boyer and Moreno (Presse Medicale) distinguish between a facultative polyuria in which the increased amount of urine depends on conditions external to the kidney, such as the amount of liquid ingested, influence of diuretics, etc., and a true or obligatory form in which the kidney is unable to excrete the solids of the urine in greater concentration. In true polyuria a distinction must further be made between the total amount of solid substances eliminated and the concentration of the urine in these substances. The total amount of solids depends on the diet and is no criterion for appreciation of kidney functioning. The important factor, therefore, in the modification of diuresis is the maximal capacity for the concentration. This depends on the state of the kidney parenchyma, and it is thus

Digitized by Google

an index of its premeability. The maximal concentration of urea, for instance, is a direct and reliable index of one of the principal functions of the kidney. For each individual there is a certain figure above which the kidney parenchyma is unable to eliminate the different substances of the urine; this figure is the maximal concentration for the substance in question. To make the test, the individual limits as much as possible the intake of fluids while ingesting as much as possible of the substance in question. In this way the kidney is forced to eliminate the maximum of the substance in the minimum of water, that is in the most concentrated form. A healthy man given increasing amounts of urea eliminated from 40 up to 120 gm. of urea a day, but the urine never contained more than 4.5 per cent of urea. This was his maximal concentration. In a case of nephritis, the patient taking 20 gm. of urea for four days and then 40 gm., for a day and then none, the maximal concentration ranged from 1.45 to 2.05 per cent in the seven days of the test. The body has reserves of water to draw on, so that the concentration of the urine is regulated by physiologic laws. Much more water is ingested ordinarily than is actually needed for urine production, so that there is enough, even when the intake is much restricted below the ordinary, for production of urine. Instead of basing our diagnosis on the volume of urine in the twenty-four hours, which is such a variable and unreliable index, depending on so many casual factors, the authors declare that the diagnosis should be based on the maximal concentration which is an exact and scientific index of the actual functional capacity of the kidney in respect to solid substances. It is easier to estimate the maximal concentration of urea than that of salt, so that urea is genefally used for the test.—J. A. M. A.

Owing to the vigilance and energy of the Pennsylvania State Health Department, typhoid fever is being gradually but effectually stamped out in the State. Sanitation under intelligent direction is doing wonders. Sewerage along practical lines is being taught to city, borough and township residents and authorities. Back of the State Health Department is the law which authorizes the department to compel residents of the State to aid in improving conditions in and about their premises.

TREATMENT

The Vaccine Treatmont of Typhoid Fever.—Drs. W. H. Watters and C. A. Eaton, Boston, present an account of the work done at the Massachusetts Homeopathic Hospital in the vaccine treatment of typhoid fever (Med. Rec). Thirty-five cases were treated with vaccines, short histories and temperature charts of which are given. No aggravation or injury was observed as a result of the method; there was a tendency to decrease the size of the dose, especially in making second inoculations. The more serious the clinical condition of the patient the smaller should be the dose. The use of the vaccine conferred distinct benefit on the patients treated, reducing the mortality, shortening the disease, and rendering the patients less liable to relapses.

Intravesical Irrigation in Acute Gonorrhea.—Dr. Max Huhner, New York in Medical Record, defends his method of treatment of gonorrhea in the acute stage by the use of intravesical irrigation, which has been severely criticised. Its value depends on the distension of the urethra by the fluid injected, which thoroughly removes all wrinkles from the lining of the urethra and gives the solution free access to the entire membrane. The solution then becomes thoroughly mixed with the germs carried from the urethra into the bladder, and the suction of the irrigation fluid as it goes through the urethra assists in removing them. The author gives careful directions for the proper method of applying the irrigation without the use of a catheter.

Treatment of Appendiceal Abscess.—A. E. Maylard (British Medical Journal) reports the employment of phenol in cases of appendiceal abscess. The abscess cavity is freely wiped with a small gauze swab soaked in pure phenol. An effort is made to reach every part of the cavity. A dry swab is then introduced to soak up any of the remaining acid, and immediately thereafter any amount, up to a half a teaspoonful, of iodoform is put into the cavity, and with a blunt instrument smeared over its walls. A rubber drainage tube about a quarter of an inch in diameter is conducted to the lowest part of the cavity, and on one side of the tube a narrow strip of iodoform gauze is packed in zigzag fashion, just sufficient to fill the cavity; this, with the tube, is conducted out of the abdomen about the center of the wound.

Digitized by Google

The after-treatment is as follows: On the second day after the operation, the iodoform gauze packing is partially removed; on the third day it is completely removed; and, however fetid may have been the pus at the time of operating, the plug will be found to be perfectly "sweet." On the fifth or sixth day the drainage tube is taken away, and on the tenth day the stitches are removed. At the end of four weeks the patient is allowed up. In sixteen out of the twenty-seven cases cited by Maylard, the abscess was reached by the ordinary "gridiron" incision, neither muscle nor aponeurosis being divided across the direction of the fibers. In twenty-five cases out of the twenty-seven, the appendix was sought for and removed. In one of the remaining two it was only partially removed, as a portion had disappeared, while in the other it could not be found. Every patient recovered, and in none were there any subsequent complications, such as subdiaphragmatic abscess, pyelophlebitis, pneumonia or other conditions suggestive of septic absorption or local accumulations of pus. The pulse and temperature usually fell within twenty-four hours. The subsequent results of operation were traced in twenty-five out of the twenty-seven cases and nineteen of these twenty-five patients were seen and examined. With the exception of the twenty-seventh patient, who had only been operated on a month previously, the interval between operation and report ranged from three months to four and three-quarter years. An examination of these results shows: 1. When the "gridiron" incision was employed, in ten out of fourteen cases there was some bulging of the cicatrix, mostly slight and in almost every instance at the place where the drainage tube and gauze packing emerged. 2. When the internal oblique and transversalis muscles were cut across by extending the incision upward, three out of six cases showed bulging, the protrusion being in one case at the seat of exit of the drainage tube, and in the other two at the lower part of the cicatrix. 3. When the internal oblique and transversalis muscles were cut across by extending the incision downward and inward, the three cases so treated showed bulging. Maylard is convinced that, when proper precautions are taken to protect the general peritoneal cavity, this method of operating admits of every abscess being opened and every appendix sought for and removed with perfect safety. This method prevents any subsequent septic complications, such as subdiaphragmatic abscess, pylephlebitis, pneumonia, thrombosis and other septic manifestations connected either with the wound locally or with deeper and more distant parts. As drainage is considered advisable in every instance, the probabilities are in favor of a weakened cicatrix at the seat of exit of the tube and gauze, with, later, hernial protrusion; but, provided the incision is of the "gridiron" variety, with no cross division of muscle or aponeurotic fibers, and neither the tube too large nor the packing excessive, the bulging may be only slight.

Camphor in Large Doses in Pneumonia.—Dr. Leonard Weber, New York, reports the following case (Ther. Med.):

On January 27 last I was requested by Dr. L. G. Weber to see with him a young married woman, who had always been well and strong, fond of outdoor life and had never been sick until she was taken with a chill during the nigth of January 25 about four hours after returning in a cab from the theater, the weather being cold. On January 26 at 10 a.m. her temperature was 103.5 deg.; pulse, 92; respiration, 24. When we examined the patient on January 27 at noon the temperature was 104 deg.; pulse 108; respiration, 36. Signs of pneumonia in left upper lobe, some pain and signs of pleuritic effusion on right side. Heart showed normal dimensions; pulse soft and regular; second pulmonic accentuated; slight cough now and then, no sanguinolent sputum, considerable restlessness. Ordered infusion of digitalis ℥ij every three hours, and an evening dose of pulvis Doveri, gr. v. On January 28 and 29 the temperature ranged between 102 deg. F. and 104 deg. F.; pulse, between 90 and 100; respiration, between 24 and 30; the patient, however, began to complain more of headache, had stitch in the right side, and a somewhat ominous angina-like pain in the cardiac region, with radiation into the left arm, though there were no signs of endocarditis. The left upper lobe became gradualy consolidated. January 30, at noon, she was somewhat cyanosed, markedly delirious; urine and stools were passed involuntarily. Temperature, pulse, and respiration advanced again. All objective and subjective signs constituted the symptom-complex of intense pneumococcic septicemia. There could be no doubt but that our patient would shortly die unless we could administer some pneumococcus serum, or vaccine, or chemical antitoxin, which would help her to overcome an infection against which her constitution could not prevail. The serum or vaccine, which had been

Digitized by Google

used successfully in Boston at the Tufts Medical College and Hospital was not obtainable. Henry A. Craig's paper on six cases of pneumonia in the aged treated with pneumococcus vaccine (Medical Record, Feb. 12, 1910) had not yet been published. However, I remembered Dr. A. Seibert's communication (Munchener Medizinische Wochenschrift, September 7, 1909) of favorable results obtained by him in treating twenty-one cases of pneumonia by hypodermic injection of camphor-oil. Of a freshly prepared solution, 20 per cent camphor in oil of sweet almonds, we injected 2 hypodermic syringefuls into the outer circumference of the thighs every hour until 8 had been given each day, representing altogether about 30 grains of camphor on the 30th and 31st of January and February 1 and 2; altogether about 120 grains of camphor in 4 days. January 31 the cyanosis had almost disappeared, pulse much stronger though still 100, respiration 34, temperature 102 deg. to 103 deg. February 1, fully conscious, bright color, good pulse, respiration and temperature the same, angina symptoms have disappeared, bowels and bladder under control again. February 2, pulse 90, temperature 99 deg. to 100 deg., respiration 30, general condition good, consolidation of upper left lobe same. Soft rales began to be heard during the night of February 3-4. Resolution by lysis proceeded from February 4 to 9, and was complete on February 10. Temperature, pulse and respiration remained normal after that. On February 24 the patient was sitting up and sufficiently strong to permit us to aspirate the pleuritic exudate from the right side, ten ounces of reddish, turbid serum being removed. March 15 I had occasion to see and examine her, and found the local and general condition normal. With the injections of camphorated oil, when aseptically done, the needle thrust well down into the cellular tissue, there will be no pain nor subsequent swelling; nor did we observe any irritation of bladder, kidneys, or stomach in the case, either at the time or subsequently.

Substitute for Gold.—In France a substitute for gold has been afforded by combining 94 parts of copper and six parts of antimony and adding a little magnesium carbonate to increase the weight. It is said that this alloy can be drawn, wrought and soldered much like true gold, and that it also receives and retains a golden polish. It is worth about 25 cents a pound.

PHARMACY FOR PHYSICIANS.*

(Continued from page 172.)

SUMMARY OF INCOMPATIBILTIES.

Balsam Peru. With ferric salts, iodoform, hydrogen dioxide.

Barium Chloride. With sulphuric and phosphoric acids and their salts, carbonates, tartrates, vegetable infusions and medicinal wines.

Belladonna. With caustic alkalies, solutions, tannic acid and other vegetable astringents, opium.

Benzoin. With acids, alkalies, water.

Bismuth Subcarbonate. With alkaloidal salts, aluminum, acids, bismuth, subnitrate, barium, copper, calcium, lead, iron, silver, manganese, zinc salts, strontium, urethane.

Bismuth Subgallate. With acids.

Bismuth Subnitrate. With calomel, tannin, sulphur and antimony sulphide.

Bromides. With metallic and acid salts, alkaloids, acids, chlorine water, arsenites.

Bromoform. With water, caustic alkalies.

Caffeine. With tannic acid, mercury salts, potassium iodide. Physiological Incompatibles. Chloral hydrate, physostigmine, morphine.

Calcium Carbonate. With alum, sulphates, acids, ammonium chloride, tartar emetic.

Calcis Liquor (Lime Water). With mineral, acetic, phosphoric, tartaric and citric acids, muriate of ammonia, alkalies, carbonates, soap, vegetable astringents, alum, ferric and zinc sulphates, magnesia sulphate.

Calcium Chloride. With calomel, sulphates, phosphates, tartrates and carbonates.

Calcium Hypophosphite. With postassium chlorate, iodide, and permanganate; also chlorinated lime. (These incompatibilities extend to all hypophosphites.)

Calomel. (Mercurous Chloride.) With acids, acid salts, alkali carbonates, lime water, ammonium chloride, iodine, potassium iodide, ferrous chloride and iodide, sulphur, bitter almond water, cherry laurel water, antimony sulphide, and antipyrine.

Calumba. (Columbo.) With lead acetate, tartar emetic, mineral acids, silver nitrate, infusion of cinchona or nut galls, ferric salts, ammonia.

Camphor. With betanaphthol, exalgine, menthol, phenol, pyrogallol, resorcin, salol, thymol, chloral hydrate, urethane.

*Physicians Drug News.

Digitized by Google

Chloral Hydrate. With water (slow decomposition), warm water, aklali carbonates and organic salts, calomel, potassium cyanide, antipyrine, salts of ammonium, mercurous nitrate, permanganates, alcohol, tinctures in general bromides and iodides.

Chlorine Water. With alkalies and their carbonates, ammonium salts, salts of the organic acids, lead salts, silver nitrate, mucilages, tannin, extracts, tinctures, infusions, emulsions and milk.

Cinchona. With ammonia, lime water, alkalies and their carbonates, gelatin, metallic salts, precipitants of alkaloids, iodine, tannic acid.

Cocaine Hydrochloride. With silver nitrate, mineral acids, mercury salts, alkalies, alkaloidal reagents, menthol, bromides of alkalies, chloroform water. Physiological incompatibles. Morphine, alcohol, chloral hydrated, amyl nitrate, digitalis, caffeine.

Codeine. With alkalies, alkaloidal precipitants, alkaline carbonates, cinchona, copper and iron salts, lime water, mercury bichloride, kino, nut gall, silver nitrate, tannic acid.

Colchicum. With tincture of guaiac, iodine, all astringents.

Collodion. With carbolic acid, water.

Copaiba. With mineral acids, aqueous preparations.

Copper Sulphate. With vegetable astringents, arsenical solutions, alkalies and their carbonates, iodides, lime water, mineral salts not sulphates, borax, lead acetate, silver nitrate.

Corrosive Sublimate. (Mercuric Chloride.) With lime water, soap, iodine, opium, potassium iodide, organic acids, tannin, and alkali carbonates.

Creosote. With albumin, acacia, silver, gold and iron salts, oxidizers, copper salts.

Creta Praeparata. With tartar emetic, acids, sulphates, ammonium chloride.

Digitalis. With vegetable astringents, acids, lead acetate, alkalies, ferrous sulphate, alkaloidal precipitants. Physiological incompatibles. Strychnia, aconite, scoparin, cocaine, saponin, hydrated chloral, nitroglycerine, murcarine.

Elixir Buchu and Potassium Acetate. With spirit nitrous ether, ferrous sulphurate.

Elixir Potassium Bromide. With alkalodial salts.

Elixir Sodium Bromide. With alkaloidal salts.

Ergot. With solutions of metallic salts, astringents, caustic alkalies.

Fluid Hydrastis. With alkalies, borax, tannic acid.

Fluid extract Glycyrrhiza. With acids.

Fluid extract Grindelia. With acids, acid salts.

Gelsemium. With caustic alkalies, tannic acid.

Glycerine. With chromic acid, permanganates.

Glycerite Guaiac. With mineral acids ferric chloride, spirit nitrous ether.

Gold and Sodium Chloride. With vegetable infusions, alkalies, organic substances, arsenites, potassium iodide, hypophosphorous and sulphurous acids, iron and mercurous salts.

Guaiac. With metallic salts, mineral acids, chlorine water, spirit nitrous ether, acacia.

Heroin Hydrochloride. With alkalies.

Hydrastine Hydrochloride. With alkalies, borax, tannic acid.

Hydrogen Peroxide. With alkalies, albumin, ammonia, arsenous salts, balsam Peru, carbolic acid, charcoal, chlorides, chlorine water, citrates of alkalies, ferric salts, glycerine, gold salts, hydrocyanic acid, hypophosphites, iodides, lime water, manganese dioxide, mercurous salts, nitrates, potassium bromide, permanaganates, solution chlorinated soda, tartartes, tinctures.

Hyoscyamus. With alkalies, vegetable acids, lead acetate, silver nitrate.

Ichthyol. With acid and saline solutions, fixed alkalies, their carbonates and iodides, alkalodial salts, mercuric chloride.

Iodides. With starch, mineral acids, acid salts, bismuth subnitrate, silver nitrate, alkaloids.

Iodine. With ammonia, starch, metallic salts, fatty and volatile oils, emulsions, carbolic acid, chloral hydrate, acacia tragacanth magnesium carbonate and sodium thiosulphate (hyposulphate).

Iodoform. With silver and other nitrates potassium chlorate, nitrates and mineral acids. (The modification or destruction of the odor of iodoform by the following substances points to incompatibility; tannin, Peru balsam, tincture of myrrh naphthalene, cumarin and the volatile oils of anise, bergamot, fennel, peppermint and turpentine.)

Iron Chloride. With sulphites, acacia, thiosulphates, albumin, vegetable decoctions, alkalies, sulphides, apomorphine, salicylates, aloin, resorcinol, hydriodic acid, morphine, gallic acid, oil of

Digitized by Google

cloves, cinnamon, pimenta, wintergreen and thyme, tannic acid, guaiac iodides, guaiacol, hypophosphites. Other iron salts have same incompatibles.

Iron Iodide. With alkalies, lime water, vegetable astringents.

Iron Reduced. With aloes, tannin, infusions, extracts, metallic and alkaloidal salts.

Iron Salts. With alkali carbonates and bicarbonates, and mucilages, tannin, infusions, extract and astringent tinctures.

Kino. With gelatin, mineral acids, carbonates, alkalies, metallic salts.

Krameria. (Rhatany.) With gelatin, alkalies, lead and iron salts, lime water.

Lead Acetate (also Lead Subacetate). With opium, lime water, ammonium chloride, alum, potassium iodide, iodine, acacia, tragcanth, tannin, carbonates, and sulphuric and hydrochloric acids. (Normal lead acetates compatible with mucliage of acacia, but the basic or subacetate causes precipitates, even in minute quantities.)

Lime, Chlorinated. With ammonium chloride, sulphur, tannin, metallic sulphides, glycerine, volatile oils and fatty substances.

Lime Water. With acids, ammonium salts, carbonates, tartrates, metallic salts, tannin, infusions and many tinctures.

(To be continued)

The Test of a Tonic.—The field and function of a systemic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to "tone," but, on the contrary, to ultimately depress. A real tonic is not a mere "pick-me-up," but some agent that adds genuine strength, force and vigor to the organism. The genuine tonic is a builder or reconstructor of both blood and tissue. Any agent which will increase the power of the blood to carry and distribute the life-giving oxygen is a tonic in the best and truest sense of the word. Iron in some form is an ideal tonic, as it builds up the vital red cells of the blood and the hemoglobin which is their essential oxygen-carrying element. Of all forms of iron, none is quite as generally acceptable and readily tolerable and assimilable as pepto-mangan (Gude). It creates appetite, tones up the absorbents, builds the blood, and thus is a real tonic and reconstructive of high order. It is especially desirable because of its freedom from irritant properties, and because it never causes a constipated habit.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Hospital Attorneys to be Dispensed With.—The New York State Commission in Lunacy has decided to discontinue the service of all its hospital attorneys after July 1st, transferring the work done by these attorneys to the office of the Attorney General. This will effect a saving to the State of $23,000. The commission also recommends the abolition of the department of the purchasing steward in State hospitals of the Metropolitan district.

Mattoids.—The paper of Arthur MacDonald on this subject has prompted some inquiry of other papers on patho-social subjects. Those who are interested may secure through their Representatives or Senator, two Senate documents treating extensively of these subjects more from the medical than any other point of view. One is

Digitized by Google

"Man and Abnormal Man" (780 pages), the other "Juvenile Crime and Reformation, including Stigmata of Degeneration" (339 pages). They are companion documents.

After resection of the small bowel lateral anastomosis possesses several advantages, as to safety, simplicity and patency, over end-to-end union. The gut ultimately becomes a straight tube if the stoma is made near the closed ends.—American Journal of Surgery.

Chair of Preventive Medicine at the State University.—President A. Ross Hill announced today that a chair of preventive medicine had been established at the University of Missouri by the board of curators. Dr. W. J. Calvert, a former professor of medicine, has accepted the position and will begin his duties next year. Dr. Calvert is a graduate of Johns Hopkins University and was a surgeon in the United States Army three years.

Dr. William F. Kuhn, of Kansas City, formerly superintendent of the State Hospital No. 2, St. Joseph, has been exonerated by the Kansas City Court of Appeals. Dr. Kuhn was relieved from the duty of superintendent by the Board of Managers "for the good of the service." He brought suit against the board, nominally to recover salary due, but also involving a review of his administration and the right of the board to dismiss a superintendent without trial. The Court of Appeals in deciding the case said: "The evidence shows Dr. Kuhn blameless."

The Exposure of Food Prohibited.—Commissioner Lederle, of the New York Department of Health, has directed the officers and inspectors of the department to strictly enforce Sections 45 and 46 of the Sanitary Code which relate to the conditions under which various food products may be sold when exposed outside of stores and in the public streets of the city. He believes that the danger to public health through the exposure of foods to contamination by the dust and dirt of the streets is such as to demand the immediate prohibition of the practice throughout the city. The police department has also been called upon to assist in this work, and an effort will be made to put a stop to the practice.

Treatment of Cholera.—A writer of the British Medical Journal is very enthusiastic concerning the use of the permanganates in the treatment of epidemic cholera. He dissolves half of a grain in a pint of water and has the patient drink this ad libittum. The strength of the solution is increased as rapidly as possible until four or six grains to the pint is used. As there is very severe thirst and all other water is kept away from the patient, much of the fluid is drunk. He prefers the permanganate of calcium because it is less astringent than that of potassium. Sometimes he gives it in pill form, mixing two grains with a little kaolin powder and vaseline, but he prefers the fluid method. Quite a large number of cases have been treated with this method with very satisfactory results. The remedy is not nearly as poisonous as is supposed. One young man swallowed half of an ounce of the crystals of potassium permanganate and yet with little effort made a perfect recovery.—Ellingwood's Therapeutist.

Marie Feodorovna Prizes.—The American Red Cross announces, in connection with the International Conference of the Red Cross which will be held at Washington, D.C., in May, 1912, that the Marie Feodorovna prizes will be awarded. These prizes, as may be remembered, represent the interest on a fund of 100,000 rubles which the Dowager Empress of Russia established some ten years ago for the purpose of diminishing the sufferings of sick and wounded in war. Prizes are awarded at intervals of five years, and this is the second occasion of this character. These prizes in 1912 will be as follows: One of 6,000 rubles; two of 3,000 rubles each; six of 1,000 rubles each. The subjects decided upon for the competition are: (1) Organization of evacuation methods for wounded on the battle field, involving as much economy as possible in bearers. (2) Surgeon's portable lavatories for war. (3) Methods of applying dressings at aid stations and in ambulances. (4) Wheeled stretchers. (5) Support for a stretcher on the back of a mule. (6) Easily portable folding stretcher. (7) Transport of wounded between men of war and hospital vessels, and the coast. (8) The best method of heating railroad cars by a system independent of steam from the locomotive. (9) The best model of a portable Roentgen-ray apparatus, permitting utilization of X-rays on the battle field and at the first aid stations. It rests with the jury of award how the prizes will be allotted in respect to the various subjects. That is to say, the largest prize will be awarded for the best solution of any question irrespective of what the question may be. Further information may be obtained by addressing the Chairman, Exhibit Committee, American Red Cross, Washington, D. C.

Digitized by Google

THE MOST EASILY ASSIMILATED FAT

IS COD LIVER OIL.

But of course in the crude state it is impossible.
Thus the profession turns to a palatable, yet efficient preparation of the oil, and in

it is found.

In Cord. Ext. Ol. Morrhuae Comp. (Hagee) are the essentials: the blood making elements, the muscle strengthening properties, and the fat producing qualities. In Phthisis, Chronic Bronchitis, LaGrippe, and wasting away processes generally this preparation will meet every requirement of a tissue nutriment and it is palatable

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. *Dispensed by all druggists.*

Katharmon Chemical Co., St. Louis, Mo.

Katharmon IN VESICAL CATARRH IS OF UNUSUAL EFFICIENCY IT EASES TENESMUS DISINFECTS THE VISCUS AND REDUCES PUS FORMATION

Katharmon represents in combination Hydrastis Canadensis 4 minims Arsenous Oxylacea Decandra 15 grains Acid Benzoic 246 grains Sodium Pyroborate to each fluid ounce of pure distilled Extract of Witch Hazel

KATHARMON CHEMICAL CO. ST. LOUIS, MO.

No physician can afford to be indifferent regarding the accurate filling of his prescriptions.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets ST. LOUIS, MISSOURI

Digitized by Google

NOTES ON THE TRIP TO LOS ANGELES.

Short stopovers will be made at Albuquerque and Laguna, where the Pueblo Indian villages are located.

Pasedena, Riverside and Redlands are making extensive arrangements for entertaining the visiting physicians.

Tickets for the round trip must be purchased before starting to Los Angeles. Therefore one must select their return route with care, as no change can be made, without paying full fare. Literature on the various routes may be obtained of your local ticket agent, or by addressing the managing editor.

Headquarters in Los Angeles. — The Alexandria Hotel will be the headquarters at the A. M. A. for the Medical Society of the Missouri Valley. The secretary has reserved a block of rooms, and will be glad to assign reservations to those who expect to attend. Early attention to this matter is important, as the hotels are filling up very rapidly, and after May 15th good rooms will be very scarce.

American Surgical Association.— Those who wish to attend this meeting in Denver, June 19-22, may join the A. M. A. special for Los Angeles, by leaving Denver at 3.30 p.m., June 22, in special car, which will be attached to our train at La Junta next morning. See that your tickets read "Santa Fe," via Denver and La Junta to Los Angeles. Your local agent will route you correctly if you are definite in your instructions.

Special Party Returning from California —A number of those who will attend the meeting of the A. M. A. at Los Angeles in June have expressed a desire to take their return trip through Victoria and Vancouver, and enjoy the scenery of the Canadian Rockies, with short stopovers at Banff and other notable resorts. For the accommodation of these, the undersigned is making up a party, leaving Los Angeles on Sunday, July 2, stopping at Santa Barbara, San Francisco, Portland and Seattle, with a daylight boat ride across the sound to Vancouver. From this point the homeward trip will be over the Canadian Pacific Ry. through some of the most gorgeous scenery to be found in the world. Stopovers will be arranged for at St. Paul, Minneapolis, and for those desiring to visit the Mayo clinic at Rochester, via the Chicago-Great Western Railway. Fare, for the entire round trip, $71.75, from Missouri river points, Reservation should be made early, as the party will be limited. You are especially urged to take the lady members of your family. For further information address Dr. Chas. Wood Fassett, secretary Medical Society of the Missouri Valley, St. Joseph, Mo.

Dr. Albert Abrams, of San Francisco, is arranging a series of Clinics on Spondylotherapy, for members of the A. M. A. after the Los Angeles meeting. Full information by addressing Dr. Abrams, 246 Powell street.

The Grand Canon.—The stop at Grand Canon of the Arizona will be sufficiently long for those who desire to take the trip down Bright Angel Trail to the river, and for all to view the gorgeous sunset and sunrise, which are sights never to be forgotten.

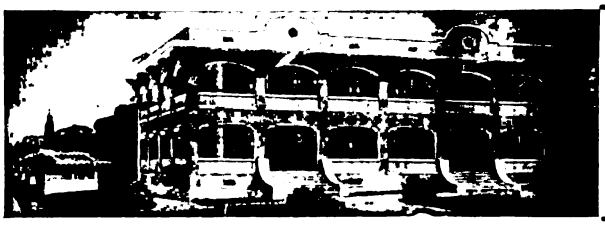
A feature of the return trip via the Canadian Pacific, will be the daylight ride through Puget Sound, the Straits of San Juan de Fuca, and the Gulf of Georgia between Seattle, Victoria and Vancouver on the palatial steamer "Princess Victoria" the finest boat plying on inland waters.

The Stop-overs at San Francisco, Portland, Seattle and Vancouver, will afford an opportunity of meeting the members of the medical profession, in these beautiful cities, as well as a day of sight-seeing in touring cars. A cordial welcome is assured, and arrangements are now in progress for the entertainment of visitors.

Yellowstone Park Trip.—Many will elect to return through Yellowstone Park, and a rare treat is in store for those who have never seen the wonders of Nature in Yellowstone. Five days are required to make this trip, but longer time may be spent to advantage. Send your name to A. M. Cleland, G. P. A., Northern Pacific R. R., St. Paul, Minn., for booklet.

The Annual Meeting of the National Association for the Study and Prevention of Tuberculosis will be held in Denver June 20 and 21. Members of the American Medical Association may find it convenient to attend the meeting in Denver on their way to the Los Angeles meeting. Denver may be reached by the way of the regular trains previous to the national tuberculosis meeting, and then the Missouri Valley special train for the Los Angeles meeting may be joined at La Junta, leaving Denver at 3.30 p. m. June 22 via "Santa Fe."

Reserve Your Pullman for Los Angeles. —Early reservation is necessary if you expect to go to Los Angeles on the Missouri Valley and Southwest special, leaving Kansas City morning of June 22, via the Santa Fe. There will be special cars from Omaha, St. Louis, Des Moines and St. Joseph, running through without change via Kansas City. Pullman rate to Los Angeles, for double lower berth, $14.00; upper, $11.20, from Omaha and all Missouri river points. These rates include stop-over at Grand Canon, and cars may be occupied while there.



San Antonio Tent Colony
Diseases of THROAT and LUNGS in All Stages
Individual cottages or rooms in main building. Tuberculin when indicated. Ideal climate. *Literature by addressing*
DR. W. C. FARMER,
Res. Medical Director, San Antonio, Tex.

Digitized by Google

MEDICAL MEMORANDA

How I Treat Sore Throat—The treatment of the more usual varieties of sore throat will be given under the following heads: (1) Simple inflammatory sore throat; (2) phlegmonous sore throat, tonsillitis or quinsy; (3) ulcerative sore throat; (4) membranous sore throat (5) malignant sore throat.

For simple or inflammatory sore throat confine the patient to the bed or lounge, lightly covered so as to equalize the heat of the body. An emetic of mustard and water or a hypodermic of apomorphine is often of the greatest service at the onset. Then give your patient the 1-6-grain granules of calomel every fifteen minutes for six or eight doses, followed by a teaspoonful of Abbott's Saline Laxative or Salithia in one-half glass of water. Repeat this if necessary to procure a thorough evacuation of the bowel. Demulcent drinks can be used freely. Small pieces of ice in the mouth are very agreeable and will soothe the pain and retard swelling. For fever dissolve twenty-four granules of aconitine (Abbott), gr. 1-134, in twenty-four teaspoonfuls of water and give a teaspoonful every fifteen minutes until the fever is overcome when the dose can be reduced as the case may require. Locally use two Menthol Compound tablets dissolved in a cup of water as a spray or gargle, hourly until better. After recovery takes place and the throat feels relaxed you can use an astringent; I find a half-percent solution of hydrastine hydrochloride in water an excellent one. Spray or gargle four or five times a day until cured. For edema of the uvula I advise puncture.

Phlegmonous sore throat must be treated on antiphlogistic principles. Start as in the simple form with an emetic and the evacuation of the bowels with calomel and Abbott's Saline Laxative. Give aconitine (Abbott) for fever and let your patient inhale steam impregnated with compound tincture of benzoin. Apply moist heat externally. For this I have found antiphlogistine excellent; it need be renewed only once in eight hours. A strong solution of zinc sulphocarbolate, 30 to 60 grains to the ounce of water, sprayed into the throat, is a very efficient local application. If the tonsils are much inflamed great relief will follow scarification or incision; bleeding being encouraged by mouthfuls of warm water throughout the treatment. Give concentrated nourishing food and tonics. The hypodermic injection of 20-drop doses of Nuclein Solution (Abbott) two or three times daily will greatly aid in shortening the course of the affection and in many cases, if used early enough, it will abort it. Push calcium sulphide to saturation as soon as possible and you will find your cases improve and get well as never before.

Ulcerative sore throat.—In this form of sore throat the topical treatment is very important when the disease is superficial. The acid nitrate of mercury may be employed to destroy the diseased tissue in the hope of exposing a healthy surface beneath; this can be kept clean by the hydrogen-peroxide spray. In these cases it is necessary to push calcium sulphide to full effect, backed up by liberal doses, hypodermically, of Nuclein Solution. Spray or gargle the throat with Menthol Compound (Abbott) tablet solution hourly, and keep the throat clean with a solution of hydrogen peroxide. In some cases it may be used full strength. Here it is necessary to give the most nutritious food with tonics of quinine, iron strychnine. To sustain the patient's strength during convalescence give the tablets of Triple Arsenates with Nuclein, two or three after meals for six weeks or more. To increase and to stimulate the appetite quassim is excellent and should be given before meals.

Membranous sore throat.—In this form the treatment is usually the same as in the simple form. However, if there is a tendency to recurrence the application daily of dilute nitric acid will give satisfactory results. Internally the use of quinine, iron, strychnine and nuclein are indicated.

Malignant sore throat.—This is a dangercus form of throat affection and is usually acute in its course. It may last from ten to twenty days, and death may result from gangrene, acute edema glottidis, pyemia and suffocation, due to the bursting of the abscess into the respiratory passages. "Clean out, clean up and keep clean" with calomel and Abbott's Saline Laxative. Then push calcium sulphide to saturation and keep the patient saturated. In addition nuclein, given hypodermically in liberal doses, is required. Apply cold cloths to the throat—this favors resolution and relieves the pain. If the symptoms do not abate apply leeches locally; these often have the happiest results, the affection either disappearing or taking a milder form. Severe pain is best relieved by atropine or amorphous hyoscyamine internally. If in spite of the treatment swelling increases and alarming dyspnea supervenes, scarify the swelling freely. If this is not successful perform tracheotomy at once. At the first signs of pus make an attempt to reach it with the bistoury; this will give instant relief. Nourishing foods and tonics are to be given to sustain the patient's strength. Should the condition become chronic give mercury bichloride, 1-134 grain, or the tannate of mercury, 1-6-grain granule, every hour until improvement takes place, when it can be given less often as required. Calcidin is also an excellent drug, one grain being given every hour.

If the affection is complicated with rheumatism, one-grain tablets of salicylic acid every half-hour, or Calcalith (Abbott) every one or two hours, are very effective. If complicated with gout colchicine will assist in the cure. W. F. RADUE.

Union Hill, N. J.

THE ANAEMIC CHILD.

By S. H. Monell, M. D., New York.

While the writer's practice has been mainly concerned with chronic conditions in adults yet looking back over twenty years, there passes before his mind a long procession of children from six to sixteen years of age whose most vivid mental picture is recalled by a single word.

Nothing in medical progress can revolu-

Digitized by Google

tionize the red-blood corpuscle. It must fulfill its physiologic function or the body suffers. When destruction takes place to any marked extent (as by the infectious fevers) or when functionation is impaired by obstacles (as by adenoids and enlarged tonsils), or reduced in quality by defective diet, or vitiated by unhygenic living, the consequences of neglect assume far greater importance to the reflecting physician looking backward than they are wont to assume at the moment of ordinary prescribing.

For there must be enough red cells to carry oxygen to supply nature's needs of active tissue change, and there must be enough oxygen carried to feed the chemical exchanges of metabolism, or the physical and mental growth of the child cannot reach the level of normal development.

The fact is that the elementary, vital role of oxygen in the body is too frequently forgotten in the keen pursuit of new therapeutic discovery, and the child whose respiratory function is handicapped by lack of cellular means to absorb enough of the great essential of all physiologic processes lags behind her proper place in every duty and every pleasure of her life. The effect of partial oxygen-starvation is as disastrous as the effect of partial deprivation of food and drink.

The recent researches of Russell into the effects of poverty of lime-metabolism on tissue-resistance revive to the profession ideas now more than half a century old. The elemental significance of iron-metabolism in respect to oxidation processes has received the amplest clinical study, and while no practitioner of today can be ignorant of its important bearing on health-efficiency it can be and is too commonly overlooked by the majority of physicians. Give the red cells a sufficient supply of oxygen and there will be far less search for a "nerve food" to stimulate the flagging faculties of the brain.

A whiff of pure ozone will do more to free the brain cells from the inertia of carbon-dioxide than any number of doses of phosphorescent compounds of the chemical laboratory. What is true of the state of mental and physical depression quickly ensuing from respiring an oxygen-deficient air is true of the chronic depressions that result from continued oxygen-deficient metabolism in the tissues. In either case the remedy is the same in fact. Supply the elementary oxygen and both body and mind will brighten up.

The great oxygenators of the red blood corpuscles are the neutral, organic, peptonates of iron and manganese, one of the greatest gifts of modern chemistry to medicine. The oxidizing role of iron on the red cells and on haemoglobin is supplemented in this combination by the property possessed by manganese of infusing oxygen into the blood.

But something more than a mere supply of iron is needed to secure the results of iron-metabolism, as Russell has so well shown in the case of lime. It is not enough to simply add lime to the patient's food or drink unless assimilation takes place. Hydrochloric acid was often more effective in promoting lime-metabolism than was lime-water added to a child's milk.

And so with iron, the fact of administration is not the only therapeutic question to consider. Due consideration must be given to the question of assimilation and absorption, or it may be as useless to prescribe the iron to oxygenate the anaemic blood as it is to drink plain water to quench a thirst that craves something else to make the water effective. This simile is used only to enforce the illustration, as every doctor knows that there are plenty of "thirsts" that water alone will not satisfy, and the fact that the cells may be "iron hungry" is not alone a guarantee that they will directly absorb the first iron offered.

Recently the case of a little boy, under five years old, came before the writer for correction of extreme anaemia. He was a marked case of adenoids and tonsils, but after they were removed there was still present a distaste for food, lack of appetite, and general mental and physical depression. Pills, tablets, and all formulae of an objectionable taste were especially prohibited, for the little fellow had an iron-clad notion as to likes and dislikes and unless his medicine "suited" it might as well be left in the drug store. And we may presume that many children resemble this one.

But an iron tonic that he could drink, and that didn't "taste bad," appealed to him. The first bottle put him across the Rubicon and started his appetite. In two weeks he was a ruddy-faced chap with as much play in him as one could wish. The preparation used was "Johann Hoff's Malt with Iron," and it was only after being reminded anew that it contained the soluble peptonates of iron and manganese in predigested form, ready for immediate absorption by the tissues, that its suitability to this case occurred to the writer. We have never been enthusiastic about the solid preparations of malt for many sick people find them disagreeable, but this particular liquid malt with iron is a clear, wine-colored, neutral drink, of a pleasant odor and an agreeable, aromatic taste, which very few persons would dislike. The peptonates are supported in this formula by nutritious elements combined with diastase for the digestion of starches, the effect being particularly happy.

Anyone who will undertake to estimate the handicap of an anaemic childhood on the business career of a man, or on the maternal and social duties of a woman, will find ample food for thought in contrasting the results of timely oxygenation with the evidences of neglect so abundantly seen around us.

Operation at Sea—A surgical operation for appendicitis was performed in the Uranium liner Uranium, which recently arrived at Halifax, N. S., by Dr. J. B. Connolly, the ship's doctor, on one of the steerage passengers. When a similar operation was performed in the Mauretania the liner was stopped in mid-ocean. In this case, a matter of life or death for the patient, Dr. Connolly removed the appendix while the ship was proceeding at her ordinary speed. The operation was successful.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, SATURDAY, JUNE 10, 1911. No. 11

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

REMARKS ON MOVABLE KIDNEY—EXPLAINING THE USE OF A NON-SAWING SUTURE.*

W. T. ELAM, M. D.

ST. JOSEPH, MO.

In calling attention of this body to this subject, the author does so feeling that this surgical condition has not been given the attention it really merits, and that the confusion which apparently exists as regards the indications for, as well as the results of the various methods of treatment, have been largely due to the fact that those doing this work have not made it a rule to differentiate and classify their cases into those which are simple and unassociated with coincident or previously existing displacements or diseases of other organs, and those that are so associated. Incidentally his purpose is to explain a method of applying suture in the performance of nephropexy which has served him well during the last decade.

In classifying movable kidney it would seem that no hard-and-fast lines based upon the degree of mobility and ptosis can be drawn, especially in relation to symptoms, as it is well known that normally poised kidneys are more or less movable, and that kidneys which are freely movable in all dircetions and palpable throughout their whole extent, ofttimes do not give rise to symptoms, while kidneys movable and palpable only to a moderate degree not infrequently produce the most profound disturbance.

Movable kidney occurs about seven times more often in women than in men. According to Noble it is found in twenty-five per cent of women presenting themselves for gynecologic examination, while Harris found seventy-one affected in one hundred and twenty-six examinations. The comparative frequency in the sexes points conclusively to the fact that anatomic, physiologic, and hygienic features play an important part as predisposing, if not as exciting causes, in the development of abnormal kidney mobility; while trauma, tumors, calculi, enteroptosis, emaciation, and absorption of perirenal fat, will cover all the other factors concerned in its production. Hahn believes pregnancy to be the most frequent cause, mentioning trauma as the next most important factor. In sixty-nine women that had borne children he found sixteen had movable or floating kidney, while in thirty-one that had not borne children, none were found. Harris found in a hundred and seven cases of movable kidney that fifty-two had not borne children, while fifty-three had borne one or more. He therefore contends that certain anatomic forms are more important as predisposing to movable kidney than pregnancy. Chandler, Longyear, and others report cases found in connection with, depending upon, or producing, colonic, or general visceral ptosis. Houghten, Schaad, and others report cases due to trauma. Houghten's case was complicated by rupture of the right lobe of the liver. In the literature we find so many cases in which reference is made to the influence of dress, lacing, straining due to constipation, etc., that one cannot satisfy their minds that these features are not contributory factors. A detailed resume of the cases handled by me during the past few years supports nearly all of the above claims.

The symptomatology will vary with the individual case in proportion to the involvement of the kidney itself, its effect on adjacent organs, or its coexistence with enteroptosis, cholecystitis, appendicitis, or the neuroses, whether these develop as a

*Read before the American Urological Association, St. Louis, Mo., June, 1910.

Digitized by Google

result, or exist previous to, or independent of, the kidney ptosis.

Symptoms directly referable to the kidney itself are manifested in two ways, first, by pain varying from a dull ache, congestive in character, to the acute paroxysmal pain due either to twisting or kinking of the ureter, or to torsion of the vascular pedicle, or both; and second, those features shown by urinalysis in which the quantity of urine is intermittently or continuously diminished, either with or without albumen and casts. If the quantity of urine is decreased during the day but increased at night, one has a right, previous knowledge of a movable kidney having been gained by palpation, to conclude that a partial or complete hydronephrosis exists during the day when the patient is up and about, and that the ureteral kink or twist is relieved by the kidney slipping back into position when the patient assumes a recumbent

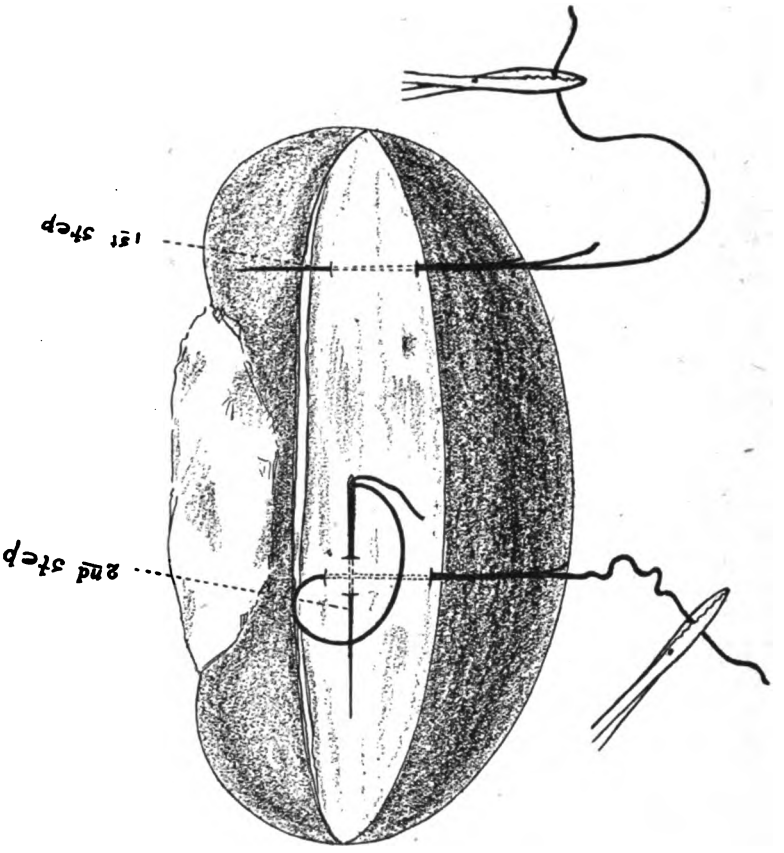


Plate I

posture. If albumen and casts are present, structural changes in the kidney have taken place.

The gastric and intestinal symptoms may be either acute or chronic. The acute symptoms are colicky pains, abdominal tenderness, nausea, and vomiting, and may be due to reflex disturbance, to sudden stopping of elimination, thus producing an acute toxicosis, or to mechanical obstruction resulting from traction upon the duodenum, or as a result of pressure exerted on the colon or upon the cecum. They are precipitated by torsion of the pedicle, by ureteral kink, or acute congestion of the ptosed kidney. The chronic symptoms are more or less pain in the stomach, loss of appetite, indigestion., flatulence, constipation, or, rarely, diarrhea. These may be due in part to traction upon the second portion of the duodenum resulting in a more or less difficult emptying of the stomach contents, to twisting or traction on the common duct interfering with the passage of bile into the intestine, to a reflex inhibition, or to chronic toxicosis due to disturbed urinary excretion. In either or both of these conditions gall bladder or duct involvement is likely to exist, adding jaundice with its train of symptoms to the above. I do not care to be understood as claiming that all the gastro-intestinal

Digitized by Google

symptoms found in cases where movable kidney is present are due at all times to the ptosis. In truth, the gastro-intestinal and billiary catarrh might have existed before the kidney became displaced, and through the disturbance of nutrition arising therefrom might have caused the emaciation which admitted of the renal mobility. However that may be, when the mobility and ptosis reach the point of producing any symptoms at all, those arising from the pre-existing stomach and gall bladder disease are made more prominent and rendered less amenable to treatment as a result of the kidney displacement.

Great stress has been laid by many writers on the nervous symptoms, and it is not a great stretch of imagination for one to see how one person or another with a disposition to this or that nervous disturbance might as a result of the toxicosis, or from a true reflex due to a displaced kidney dragging on its pedicle, or by pressing upon hypersensitive nerves, produce all the varied nervous phenomena that have been attributed to it. Patients suffering with movable kidney might very properly have any nervous manifestation which might not depend for its existence upon the renal mobility, or ptosis. More care should be exercised in the degree of relief promised this class of patients than in any other. The vascular disturbance, which so often accompanies this condition, needs mention only to be admitted as probable.

The diagnosis of movable kidney is comparatively easy. Ofttimes it is found when the abdomen is being palpated for some other preconceived trouble. Not infrequently it is located by the patient herself, who, feeling about to find the cause for the dull aching or dragging pain in the abdomen, side, or loin, discovers a movable tumor. Most examiners pass the fingers of their left hand back, well up into the angle formed by the twelfth rib and the lumbar muscles, then palpate the front of the abdomen with their right hand. If a movable tumor is found the thumb of the left hand can, in most instances, be made to compress the abdomen from in front, the fingers pressing upwards from behind in the above mentioned angle, thus excluding the tumor from the kidney fossa and to a certain extent immobilizing it, thereby enabling the examiner to palpate the tumor and determine its shape. Then, by grasping it between the two hands the range of mobility can be determined, and ofttimes the renal artery can be felt pulsating. Compression from above downward and from behind forward, with traction, elicits a sickening sensation and results in the kidney slipping suddenly through the hands back into the kidney fossa. These manipulations can and should be made first in one position, then another. Ballottement can usually be secured and is to my mind an important diagnostic aid in differentiating movable kidney from other tumors likely to be found in the upper or mid abdomen. Colonic distension may be thought to be necessary by some. I confess to using it twice some years ago, but of late have not felt the need of this method.

In this as in other surgical conditions, differences of opinion prevail as to methods of treatment, and as to results. One surgeon will claim that corsets, pads, trusses, or bandages are attended by better results than the permanent fixing of the kidney in its normal position, while another will take exactly the opposite view. Treves advocates a spring truss support, claiming that you not only get symptomatic relief, but that as a result of the improved nutrition the perinephritic fat is increased and the kidney thereby frequently retained in its normal position. Although advocating that form of treatment he questions the existence of the lesion. Aaron (Am. Med., August 6, 1905) supports the non-operative view as a result of studying over six hundred cases in which he used a properly fitting bandage. On the other hand Allison (A.M.A., Jour., July 1, 1905) refers to the position of Treves and asks, "Is it (movable kidney) a surgical lesion? If so, how is it best corrected?" His conclusions are definitely in favor of operative methods. F. W. McCrea, in a paper read before the eighteenth annual meeting of the Southern Surgical and Gynecological Association at Louisville, December, 1905, argues for surgical intervention, rather than for supports by brandages, corsets, etc., especially in selected cases. He also emphasizes the necessity for recognizing associated pathologic lesions. A more extended reference to the literature would consume time, I fear to no purpose, as I take it the above are sufficient to show that there appears to be two sides to the question of treatment.

In thirty cases in which diagnosis of movable kidney was made by the author during the last decade, five occurred in men and twenty-five in women. Vocation, or rather, work that required frequent stooping, bending, and oft-repeated straining, contractions of the abdominal muscles, appears to have acted as an important factor in the production of renal mobility in the males. Emaciation with the above added was present in two of the five cases; one

Digitized by Google

was an express messenger, had been for years, but had been ill and had lost flesh during the few months previous to examination; another was a brick mason, who had been confined to his bed, the result of blood poisoning and severe hemorrhage, for several weeks prior to a hard summer's work; the third was a laborer, the fourth a carpenter, the fifth a drayman. Of the twenty-five women, twelve were married. Of these six had borne and reared rather

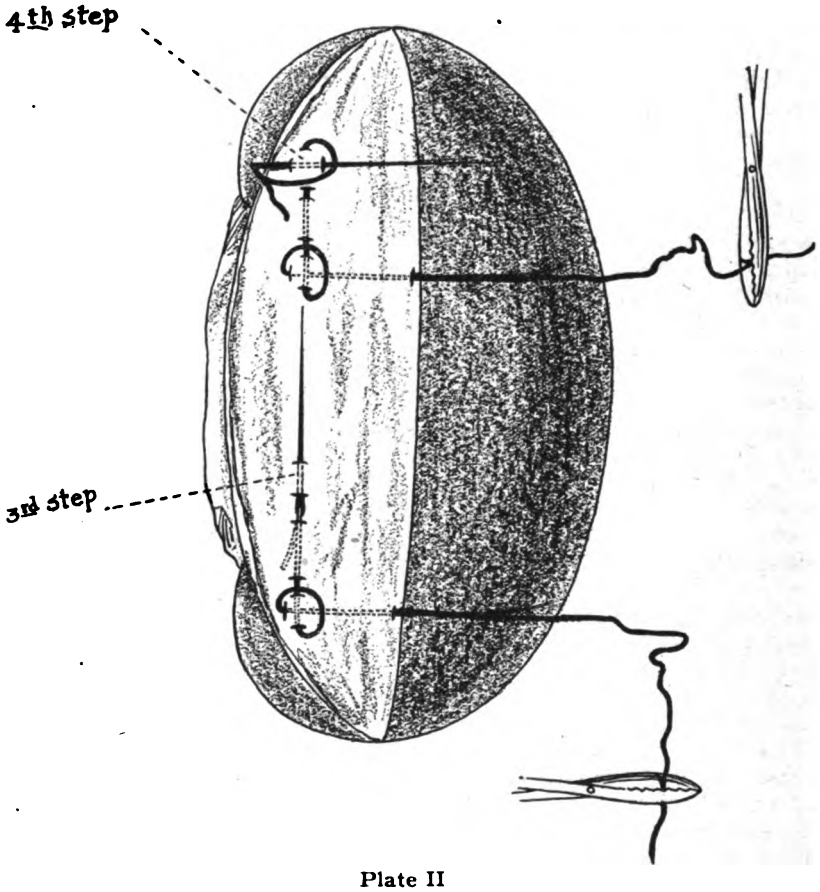


Plate II

large families of children, and four, being of a thrifty German disposition, had been hard workers. The other six had not borne children, although two gave a history of two or more abortions. The other four had never been pregnant. Of the thirteen single women little can be gleaned from vocation. One was a milliner, another a stenographer, another a pianist, another a factory girl; four lived at home on farms, another was a saleswoman, and four lived at home in the city without any active employment. Of this entire thirteen all may be said to have been of that peculiar anatomical type in which the spinal curves are distinctly reduced, a predisposing factor which I believe to be of much importance. Of the entire thirty, sixteen, all women, submitted to nephropexy. A careful exclusion of previous stomachic and nervous involvement was made. In all recovery and relief of symptoms was prompt and satisfactory. In one case the kidney was completely turned over in a manner that allowed the anterior border to present in the wound. The fat which surrounds the hilium was thought to be the perinephritic fatty capsule, and I snipped into it with a pair of scissors and found to my surprise that I had cut the ureter at its junction with the pelvis of the kidney. Immediate implantation of the distal end of the ureter into the pelvis of the kidney was done, with the result that within two days thereafter a normal amount of urine was being passed per bladder, although on the second and fourth days there was a slight amount passed out of a drainage tube in the wound. After the fourth day urine ceased to show up through the wound, and the patient progressed nicely until the eve of the ninth day, at which time she began to complain

Digitized by Google

of severe pain in the fixed right kidney, with a temperature of 103 deg. F. Examination showed the kidney much enlarged and extremely tender, and although it was near 6 p.m. I immediately sent her to the operating room and made a nephrectomy. Patient made a fine recovery and has been completely relieved of all symptoms. Kidney was found to present evidence of acute infection. Of the other fourteen cases nine, including the five men, for one reason or another, have thus far deferred or refused operation. Three of the other five were advised that operation would replace the kidney but would not relieve nervous symptoms which had existed practically since birth, and the predisposition to which had been inherited. The other two had a general enteroptosis. Abdominal binders with pads were used in some cases, properly fitting trusses in others. As long as these devices were worn and kept properly adjusted they gave comparative relief. In hot weather patients complain and finally lay them aside. Of the fourteen thus handled I do not know of one that has been cured.

It would seem that argument would be unnecessary in favor of nephropexy, providing one can clearly and definitely convict the kidney of producing the symptoms. To do this one must inquire carefully as to the existence of symptoms prior to a kidney displacement, and make a rigid investigation as to the coincident existence of disease and ptosis of other organs. These points settled, the indications appear clear in favor of that method which will immediately correct the condition.

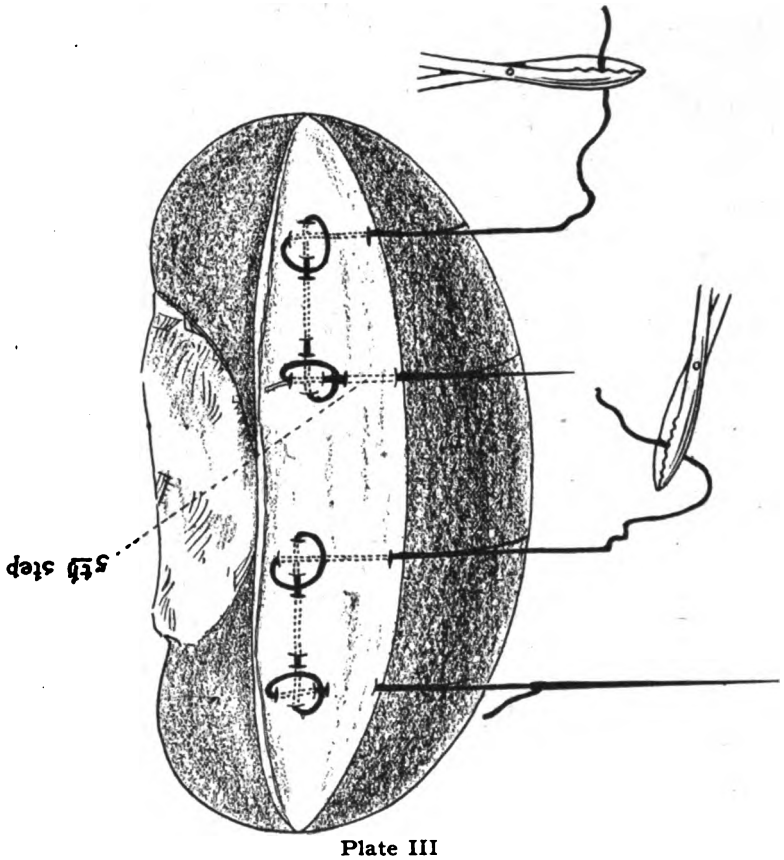


Plate III

In performing nephrorrhaphy the author's technic differs in no material way from that of other operators except in the placing of the kidney sutures. The unsuccessful attempts to satisfactorly anchor the kidney, reported by various surgeons, we believe to be due to the fact that ofttimes the sutures cut or saw out of the flaps. It occurred to me that by tying the sutures at the angles made by the emergence of the needle when first introduced (see steps 1 and 2 of illustrations) and the longitudinal portion of the suture, as well as at the entrance of the needle when introduced on its final return (see steps 4 and 5), I could thus secure a stationary and non-saving suture. I have used this suture in fifteen of my

Digitized by Google

sitxeen cases and have never had a return. That it might be better understood I present herewith cuts showing the different steps of introducing suture.

Careful scrutiny of the statistics and literature appear to warrant the following conclusions:

1. Sex (female) predisposes to this condition.
2. Certain anatomic forms are more frequently involved, due to diminished spinal curves and shallow renal fossae.
3. The combination of pregnancy and hard work seem to be frequent operative causes.
4. Certain forms of labor, especially if performed following weakened or during emaciated conditions, incline to abnormal renal mobility.
5. Uncomplicated cases are certainly operative, as nephropexy will unquestionably relieve the symptoms produced by a ptosed and movable kidney, and may even admit of reaction of a kidney in which structural changes are beginning.
6. Nephropexy will not relieve symptoms due to a previously existing gastro or enteroptosis. Neither will it relieve previously existing stomachic, gall bladder, appendicular, or nervous disease.
7. Failure to relieve symptoms by nephropexy may be due to the fact that the symptoms were not occasioned by the kidney displacement, or to recurrence, which ofttimes occurs when sutures are so placed that they can cut through the flaps or kidney substance.
8. When structural changes beyond repair in the displaced kidney alone are known to have taken place nephrectomy is indicated.

The Cost of Aluminum which was discovered in 1827 has been reduced from $90 a pound in 1855 and $12 a pound in 1886 to about 22 cents a pound in 1911.. Charles M. Hall who invented the process of producing aluminum at low cost has been awarded a medal by the American Society of Chemical Industry.

Give Salvarsan in the Morning Only.—Spiethoff gives salvarsan only in the morning, so that if the patient collapses several hours afterward, as it has happened to more than one of his patients, prompt attendance is more likely to be assured. Tobacco and alcohol must be interdicted, for if the heart is subjected to the action of these poisons, as well as to that of salvarsan, danger must be apprehended.

SYPHILIS VERSUS ACCIDENT AND LIFE INSURANCE.*

S. GROVER BURNETT, A. M., M. D.

KANSAS CITY, MO.

Clinical Professor Nervous and Mental Diseases in the University Medical College; Supt. The Burnett Private Sanitarium for Nervous and Mental Diseases and Inebriates; formerly Asst. Supt. Long Island Home of New York for Mental and Nervous Diseases and Inebriates; Ex-Pres. Medical Society of the Missouri Valley.

This paper is not intended as a scientific contribution but merely a plain, matter-of-fact presentation of every-day information to be had by those willing and competent to make the observation necessary to a complete clinical analysis and a definite diagnosis. The blunders that are constantly being made through stereotyped procedure, through inefficiency or through visual optics of the dollar-mark type are, outside of commissions, costing some source of supply thousands of dollars annually, often keeping secret, till too late, a deadly disease which might be otherwise successfully treated or controlled, and perhaps frequently stimulating the semi-unscrupulous to make false statements and obtain insurance money under false pretense as a passport to eternity.

As a prudent business proposition enterprises dealing in the expectancies of life should minimize imprudent risks, yet, out of hundreds of death certificates filled out by me in the past 25 years, seldom is the question of syphilis considered; and if it is considered it is so indefinitely considered that the physician's sympathy for the widow and orphans prompts a simple evasion of the disease in his wording of the death certificate. In fact the frequency of accident and death claims, actually caused by syphilis but attributed otherwise, has become so well understood by the claimants and beneficiaries that it is a deplorable repetition of history to me when I am beseeched to recognize a well rehearsed accidental cause or other cause of death than that of syphilis.

Tuberculosis is excluded from every expectant risk, still I will see twenty-five cases of syphilis of the nervous system to one of tuberculosis. On an average, one case in every ten of syphilis, the disease attacks the brain, cord or both. It is a widespread disease. It is a wonderfully popular commodity and is purchased at all prices. From the laborer to the man who offers a million for his sight restoration it is found; but money spent for syphilis is an eye closer, not an eye opener. Silly

*Read at the Kansas City Academy of Medicine, April 8th, 1911.

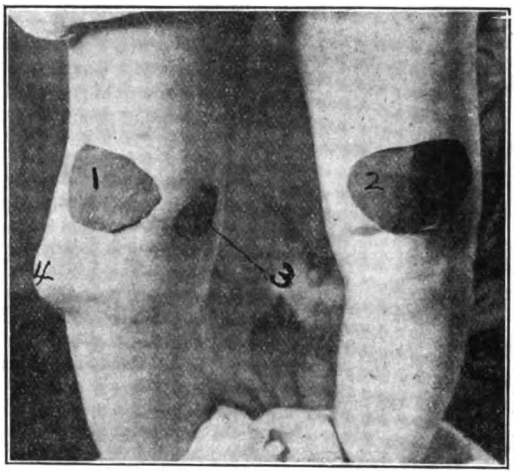
Digitized by Google

boys steep youthful vision in its lucre and blindly contaminate mothers, sisters and sweethearts. Fool husbands flee from the climacteric resentment to the fatal lure of the night and carry back to their semi-invalid companions the sting of the spirochete pallida. Thus the disease is spread among the innocent in the sanctity of the home. There is every reason to believe that thousands receive the germ of tubercle into the system without ever developing tuberculosis but there is no reason to believe that the germ of syphilis ever fails to contaminate if once implanted.

With the present day clinical knowledge of the primary, secondary and tertiary syphilis; with the practical information that a mildly present secondary, under unrestricted conditions, means syphilis of the nervous system later and that the absence of secondary means parasyphilis eventually; with the microscope and the Wasserman test at our command, there is little excuse for overlooking its presence. Knowing that syphilis attacks the nervous system in one case in every ten of infection; that only a few of such cases go to a specialist, therefore do not get under the treatment till destruction of nerve elements has occurred; knowing the organic destruction of any part of a central neuron is irreparable; knowing the inattention of the average patient in effectually carrying out a sufficient period of treatment and the inevitable tendency of the infection to assume a renewed destructive activity; knowing that the damage to the nerve elements impairs function and subjects the patient to all kinds of falls and bumps in getting about and in performing ordinary duties, there is a rich and masked cause of assumed accidents and fatal organic tissue changes. A patient may intentionally or unintentionally describe a supposed accident so plausibly as to cause the unsuspecting physician to attribute a continued organic condition to the inferred accident and to affirm his claim for insurance as being just, or, be unable to disprove it. Add to true syphilis of the nervous system the parasyphilitic degenerations of the cord and the field for accidental assumptions is great. And last but not least the syphilitic and parasyphilitic diseases of the brain which cause paralysis, insanity and death is a heavy toll in death policies, for the real cause of death is seldom if ever written in a certificate. Thus tubercle is of minor importance in losses compared with syphilis.

The following examples illustrate the character of accidents wholly dependent on syphilis as a cause:

In August, 1903, J. W.—— received a lick on the knee from a heavy swinging door. Marked swelling soon followed, involving the knee and the leg below the knee. Pitting on pressure over the leg was present. There was no acute pain but the patient walked badly, said the joint at times would lock so he could not walk and cause him to have a sick, faint feeling.



Cut No. 1. Figures 1 and 2 enormous osteophytes, and 3 a lesser osteophyte—all of which were movable and changed their positions between the femur and quadriceps extensor. Fig. 4 fluid bag; it became very large before rupturing.

After manipulating the leg and knee, "something would slip" and he could again walk but not well.

The knee continued to enlarge in spite of disuse and rest, the circumference finally measuring 25 inches. At the outer side of the knee a decided pouting occurred (Fig. 4, cut No. 1). It extended posteriorly, involving the outer half of the joint, flexure, and contained fluid. There was no joint crepitation elicited but with the leg extended it would sometimes lock so it could not be flexed, showing the lock to be situated in the posterior articular coaptation of the femur and tibia. Manipulation discovered, between the quadriceps extensor and the lower one-third of the femur, two movable bone formations (osteophytes) indicated by Fig 1. and 3. Extended search found a very large floating flat bone (Fig. 2) in a similar position on the opposite femur. The movement of these osteophytes sometimes occasioned crepitation but not always.

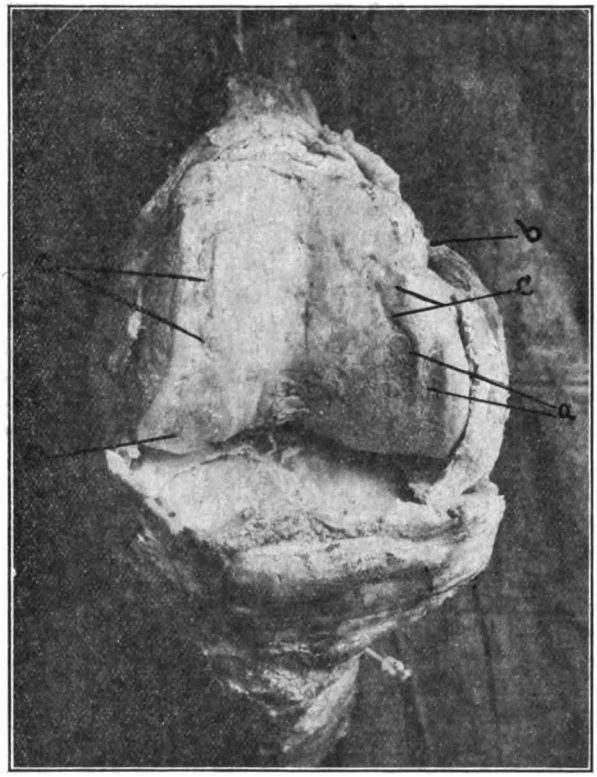
At figure 4 the enlargement and fluctuation increased. The skin became tense and glossy. Strapping, rest, non-use and absorbents did no good. To prevent rup-

Digitized by Google

ture and direct exposure of the joint, minimizing destruction of internal tissue, I aspirated to relieve the fluid tension and got eight ounces of golden, albuminous fluid. For sixty days eight ounces were aspirated daily as the cavity refilled in each 24 hours.

Microscopical examination of the fluid showed many cartilage cells and pigment detritus, indicating disintegration of the joint structures, proper.

developing a severe rigor. He could not get warm and by midnight had several rigors. When seen by me the next morning, he had muscular aching, some coryza and a 104 F. temperature. Hot bottles applied during the chill had severely burned his anesthetic legs. Enormous fluid accumulation in the joint extend from Fig. 4 all the way around the knee. There was subluxation present. Three days later free drainage was necessary, liberating a large



Cut No. 2. From specimen presented to the Pathological Laboratory of the University Medical College. Photographed by Dr. Albert E. Hartzler, showing retrogressive changes in the articular surfaces of the femur and tibia.

Up to this time there had been no pain, no temperature—no systemic symptoms, whatever. Excepting slight defect of hearing in one ear he was a well, vigorous man above his legs. Technical examination of legs revealed as follows: Tactile sense, absent; thermal sense exaggerated to cold with heat sense absent; pain sense absent; muscle and tendon sense and articular sense in the knee and lesser joints was absent; the anesthetic zones shaded into the normal at the upper sacral line. Static incoordination, pronounced. On a cold, sharp morning, 90 days after the injury, he went out at 5 a.m. and got chilled. He returned in the afternoon still chilled and finally

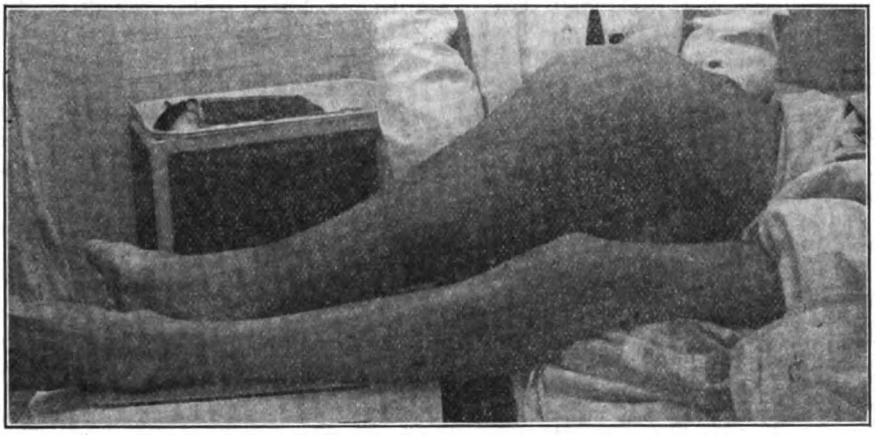
amount of albuminous fluid containing dark pigment masses, cartilaginous debris and pus cells. After a week of 100 to 102 temperature the fever subsided. The urine contained considerable albumen and hyaline casts but no other casts. Only a trace of albumen remained after three weeks. In the meantime the patient rapidly lost vigor. He was emaciated, cachetic and helpless. I had decided to amputate but had waited to clear the urine of albumen, fearing the anesthetic, overlooking the presence of an analgesic limb; amputation through the middle third of the femur was successfully done with very little anesthetic and no pain.

Digitized by Google

Cut No. 2 shows the joint pathology. The femur and tibia extremities are hypertrophic. The margins of the femur articulation were fragile and easily fractured. At b the bone had fractured and separated from the condyle. The synovials were thickened or destroyed. Atrophic retrogression was active in the articular cartilages, being badly damaged at C. C. At a.a. the cartilage was gone and the bone eroded. At Fig. 4, cut 1, the joint capsule was destroyed and permitted insertion of the finger between the articular surfaces prior to amputation.

A firm osteophyte the size of a quail's egg was found posteriorly and had caused the locking of the joint referred to.

Space forbids further discussion of the interesting pathology. (1)



Cut No. 3. Charcot joint measuring 29 inches. Amputated by Dr Howard Hill. The exciting cause was a knock on the knee; primary cause was syphilis. Recovered and conducted a successful business after amputation.

This man carried large accident insurance and demanded it. This was my answer to the justice of the demand: Syphilis contracted sixteen years ago. Three years before I attended this joint when a slight causeless enlargement occurred. He then had the cardinal symptoms of Charcot's disease. In the meantime he had negotiated his policy and was accepted as a good risk because of the faulty examination or the faulty requirements for accuracy in examination. The lick on the knee had nothing to do with causing the destruction of the joint. The policy was canceled.

In 1892 I was called in counsel to see a man, age 35 yrs., employed by a corporation, who fractured the femur in rather a causeless manner. He suffered no real pain and therefore in his efforts to help himself did considerable damage to the soft parts at the seat of the fracture. This absence of pain puzzled the surgeon, who called me to make a differential diagnosis; on the diagnosis depended the disposition of an accident policy and a possible suit for damages.

Examination: History of syphilitic infection ten years ago. Deep reflexes, absent; pain sense absent; tactile sense and muscle sense defective; thermal sense broken up.

Diagnosis: Tabes, with a Charcot fracture, causeless in character, the friability of the diseased bone making the shaft unable to withstand the normal contractile power of the muscles in supporting the body weight.

He made a good recovery from the fracture and proved a typical case of tabes after convalescence.

I advised no liability as the fracture resulted from a disease voluntarily contracted prior to the life of the policy and was present and not made known at the time of applying for and receiving the policy. No payment made.

In 1905, as consultant, I saw a man claiming to have fallen down stairs, caused by a misstep at the top landing. He had a localized pain at the 11th dorsal vertebra. A localized band of hyperasthesia encircled the body. Pain radiated down the sciatics. Power in both legs one-half present. Could walk on legs but, without warning at times, the legs would suddenly give way and let him fall. They felt "heavy and dull" and had a "creepy" (paraesthesia) feeling. Some trouble in controlling bowels and bladder. Deep reflexes very exaggerated.

(1) NOTE.—Burnett: "What shall we do with the Charcot joints?" Medical Fortnightly, April 10th, 1907, for further discussion of the pathology and case history.

Digitized by Google

Copper discoloration and some dark colored scars on the shins. A spastic, draggy walk.

To the question, "when did you have syphilis?" he glanced toward the wife and said cautiously, "she don't know it, as I was cured of it before our marriage, five years ago."

He acknowledged his legs had been giving way under him several times before falling down stairs; that he had had back pains and pain down his legs and he had not handled his legs well.

Diagnosis: Syphilis of the spinal cord.

He had been receiving $50.00 per week for some time; payment was stopped and policy canceled.

He improved under specific treatment and was able to be about. Eighteen months later I was appointed by the court to examine a man who was claiming damages for a fall from a street car, causing a spinal injury. So I went and examined him again. He withdrew his suit.

Three years ago I was appointed by the court to examine an injury case which had been in court 14 years. Three times a verdict for the plaintiff had gone to the supreme court and returned for retrial. I reported to the court a typical case of paraplegia caused by syphilis. The case was dismissed. In the meantime an accident policy had been paid in full for complete disability.

Again I was summoned by a plaintiff's attorney to examine the plaintiff in court, stepping directly from the examination to the witness stand. The questions asked gave these answers: that the spinal cord was entirely destroyed at the 11th dorsal vertebra; that no possible hope existed for the use or life of the parts below the alleged injury; that the cord could be destroyed by injury.

I was not permitted to answer differently. The cross-examination was directed to technical cord anatomy, hoping to discredit my qualifications, and only made my damaging evidence more damaging. The actual clinical facts were that the plaintiff was a victim of vicious syphilis. Only his attorney suspected the real truth and, with much zeal, he never permitted its discussion in the evidence.

A verdict of $35,000 was given the plaintiff and $10,000 accident and $10,000 old line insurance, as he died later from the progression of cord syphilis; a royalty of $55,000 to the widow of a victim of the red light indulgence.

Referred by the late Dr. Tyree: a man 33 years. Paralysis of the R. external rectus; internal strabismus and diplopia. Left hemiparesis. Exaggerated reflexes. History of nocturnal headaches, gradually increasing and ceasing after paralysis appeared. He claimed the train jerked and threw him from the steps, striking on the side of his face and head. He admitted feeling dizzy and unsteady on his feet and seeing double car steps before leaving the platform.

Diagnosis: Brain syphilis. He was displeased, went to a competitor, continued my prescriptions, improved, drew $25 per week for twenty-five weeks ($625) and sued the Missouri Pacific Ry. My report to Dr. W. B. Outten was that the Missouri Pacific Ry. never gave this man syphilis. The suit was dropped. Five years later the patient was admitted to my sanitarium with paresis. At his death the wife collected $5,000 life insurance.

My six last annual reports give the following relation of nervous diseases caused by syphilis to all other forms of mental and nervous and inebriated conditions not caused by syphilis but treated by me during the period by the report:

YEAR 1904

Locomotor Ataxia	6
Paresis	3
Brain Syphilis	17
Brain and Spinal Cord Syphilis	7
Total	33

Deaths, none.
Total claims for accident, 39 weeks at $25, $1,750.00.
Total cases for the year, 211.

YEAR 1905

Brain Syphilis	11
Brain and Spinal Cord Syphilis	8
Locomotor Ataxia	7
Total	26

Deaths, 2,
Policies paid, 2; $15,000.00.
Total cases for the year, 240.

YEAR 1906

Brain Syphilis	18
Spinal Cord Syphilis	5
Locomotor Ataxia	4
Total	27

Deaths, 5.
Policies paid, 4; aggregating $37,000.00.
Total cases for the year, 241.

YEAR 1907

Brain Syphilis	13
Paresis	6
Brain and Spinal Cord Syphilis	5
Locomotor Ataxia	5
Total	29

Deaths, 2 } Policies paid 4, aggregating $10,000.00.
Deaths, 4 }
20 weeks accident at $25, $500.00.
Total cases for the year, 361.

YEAR 1908

Paresis	14
Brain Syphilis	22
Brain and Spinal Cord Syphilis	1
Locomotor Ataxia	5
Spinal Cord Syphilis	5
Total	45

Deaths, 4 } Policies paid 5, aggregating $32.000.
Deaths, 2 }

Digitized by Google

30 weeks, 2 claims, at $25, $1,750.
Total for the year, 344.

YEAR 1909

Brain Syphilis	29
Brain and Spinal Cord Syphilis	2
Spinal Cord Syphilis	4
Paresis	11
Total	37

Deaths, 1: policy paid, $10,000.
25 weeks claim at $25, $625.
Total cases for the year, 344.

Total of all cases treated for the six years		1741
Total due to syphilis. 11.3 per cent of the entire number		197
Total amount paid in Death claims	$104,000	
Total accident claims paid to avoid litigation.	4,625	
Total number of death claims were		20
Total average amount of each claim	5,200	

All the deaths were either due to brain syphilis or paresis.

PARESIS

The remaining 26 cases of paresis were sent to the asylum to die. Of this number 21 of them carried life policies as follows:

5,	$10,000 policies	$ 50,000
6,	5,000 policies	30,000
10,	2,000 policies	20,000
	Total	$100,009

There were 9 accident claims canceled or allowed to lapse. Weekly benefits had been paid to three cases.

BRAIN SYPHILIS.

There were 89 cases of brain syphilis discharged. Most of them seemed well but carelessness of the after care allows most of them to relapse. The progressive organic nature of the disease makes life uncertain and usually short.

Of these 89 cases there were 60 policies as follows:

30,	$ 2,000 policies	$ 60,000
20,	5,000 policies	100,000
10,	10,000 policies:	100,000
		$260,000

There were 24 accident policies canceled or allowed to lapse.

BRAIN AND SPINAL CORD SYPHILIS.

There were 23 cases of brain and spinal cord syphilis discharged with the active disease process controlled, still there remains from slight to extensive evidence of organic tissue changes. Of the 23 cases, 10 carried life policies as follows:

5,	$ 2,000 policies	$10,000
2,	10,000 policies	20,000
3.	5,000 policies	15,000
	Total	$45,000

Of the 23 cases 11 accident policies lapsed or were canceled. Weekly benefits had been paid to 4.

SPINAL CORD SYPHILIS.

Twelve cases of cord syphilis were discharged. Some appeared to walk as well as ever, bnt an expert could easily detect the remaining organic manifestations. Of the 12 cases 6 of them carried life policies as follows:

2,	$10,000 policies	$20,000
1,	5,000 policy	5,000
3,	2,000 policies	6,000
	Total	$31,000

There were four accident policies canceled or lapsed. Two had drawn weekly benefits.

LOCOMOTOR ATAXIA.

There were 39 ataxias discharged; many seemingly improved in their walking, the acute ataxia relieved and the activity of the molecular lesion of nutrition arrested—but they remained ataxias still.

Of the 39 cases 15 carried life policies as follows:

3,	$10,000 policies	$30,000
5.	5,000 policies	25,000
7,	2,000 policies	14,000
	Total	$69,000

Ten had had accident policies canceled or lapsed. Five of the ten had drawn weekly benefits for a time.

With few exceptions the policies had been negotiated after contracting the infection. Many of them told me confidentially, they feared their lives were jeopardized and took all the insurance they could carry to protect their wives. One poor professional man married a girl of means. To relieve his financial stigma he took a $10,000 policy. Three years later he died of paresis in my sanitarium, aged 35 years. The policy was paid in full.

Syphilitic and parasyphilitic nervous diseases occur from 20 to 40 years of age, uusally from 25 to 35 years of age, but some few cases are seen prior to 20 and after 40 years of age. My statistics show two prominent age epochs of primary infection: 1st, 17 to 25 years of age; 2d, a later period, among married men, when the wives are in the climacteric age and thereafter.

Of the several hundred deaths from syphilis and paraspyhilis seen by me in the past twenty-five years not one owned a paid up policy; some few policies were five and ten years old, but most of them were two and three years old. One case succeeded in negotiating a policy after I had seen him in consultation and had diagnosed incipient paresis. This policy is now in litigation.

For two and one-half decades I have closely observed the financial status of "Syphilis versus Accident and Life Insurance." To present the facts obtained I have carefully itemized the essential features of each case as seen in my individual sanitarium work during the past six years. In that time $104,000 was paid in death claims and $4,625.00 in accident claims to avoid litigation; and I have rejuvenated and dropped temporarily 151 men back into the business sea there to shortly offer in solace, for tears long run dry, a policy compensation of $395,000 as the under tow slips them across the bar—and 26 terminal paretics passed the asylum gates to await the collection toll of an even $100,000.

Approximately a half million dollar penalty for those who avoid the white plague in playing the game of life's expectancy, but who blindly incorporate the glimmer of the red. What would the penalty be if every physician in the United States could give accurate statistics for six years' work? The results would stagger us!

For Anorexia.—

℞ Fluidextracti condurango.....3iv
Strychninae sulphatis.....gr. ½
Acidi hydrochlorici diluti.....3ii
Elixiris gentianae.....q.s.ad ℥vi

M. Sig.: Tablespoonful before meals in water through a tube.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Independence Day.

As in other cities committees are busily engaged here in St. Louis preparing for the coming Independence Day celebration. It is purposed that we shall have the safest and sanest Fourth this year that the city has ever known. And we can safely predict that this purpose will be realized for we have the witness of figures and experience that since the inauguration of the campaign of noise reduction and protection of life and limb each year has seen a reduction in the number of killed and mutilated to a point of near no consequence in 1910. In the plans to protect the people the medical profession is especially active, our activity showing in both preventive and curative lines. Physicians are occupying important places in the activity to offer a scheme of celebration which will satisfy those who would celebrate without cost of life or limb and with a considerable reduction in noise. Whether young America will grow content with this celebration shorn of the noise of explosives remains to be seen. It seems probable that he will ultimately have to content himself with this deprivation. But "ultimately" is not yet here and there are yet numerous accidents which again are in the province of medical aggression. There are two good reasons for the reduction of Fourth of July fatalities, as we suggested above. Until prevention is absolute much depends on the ability to properly handle the injured and the fact of physicians and dispensaries equipped with anti-tetanic serum is a safeguard which the public too little appreciates. When this serum was first employed by the St. Louis City Dispensary the reduction of mortality over the year and years before was so astonishing that there has since been no question of its use being a routine procedure. It removes the most serious of the complications of gunpowder injuries. As a precautionary measure it should be made certain that this serum is easily available wherever there is to be a celebration of a kind which would lead one to suspect occasion for its use. In the larger cities all this is taken care of for us by the health authorities, in smaller places the physician has to depend on himself and preparedness is his watchword, there is no time to send to the city for this very important agent when you are face to face with occasion to use it.

The New Physicians.

The year's graduating classes from American medical schools have nearly all received their diplomas and the yawning gap in the profession is again temporarily filled. That there are fewer and better equipped men graduated these days is one of the hopeful signs of the times. The teachers of medicine labor hard to inculcate high ideals and it is to be hoped that with the increasing efficiency of our schools there may be a rapid disappearance of those who seem to shed these ideals on emerging from the college portals. The quack and the charlatan would fare ill did they not recruit helpers from each year's graduates. At best the path of the new physician is rarely rose-strewn, it is rough and rugged, beset with temptation and deprivation; but the strenuous years devoted to getting in to the proper pace are quite as important in the making of the man as were those spent in study at the college. It is usually far from a misfortune that things did not come easy. The medical profession is not greatly in need of recruits and is not bewailing the fact that they are coming in smaller numbers than formerly; but the medical profession is always ready to welcome those who come to its fold imbued with the spirit of science and humanity, there is and always will be room for such.

The Making of a Physician.

Speaking of the newly graduated reminds us of an excellent paper by Dr. E. P. Lyon, dean of the Medical Department of St. Louis University.* We know of no one who is more competent to speak on the making of a physician than is Dr. Lyon. He tells us that there are five factors which contribute to the making of a good physician: (1) good raw material; (2) a good model or ideal; (3) men to do

*Jour. A. M. A., May 27.

Digitized by Google

the work; (4) a place to work in and tools to work with; (5) time to do the work. And failure in any of these points may give bad results. He does not attempt to formulate all the qualities of a good physician, but mentions first the capacity for accurate observation. The good observer is partly born and partly made and the latter part need only be considered. The power of observation can be cultivated. It improves by practice. Next in importance is skilled direction or instruction, and he speaks especially of the study of anatomy as of first importance in cultivating this power. What is true of anatomy, however, is true of every other science so far as development of observational power is concerned and intensity and accuracy should be our watchwords rather than breadth of view and general impression. The teacher of anatomy should give his whole time to the medical school and should specially cultivate his powers of imparting knowledge, and the medical college should provide all the needs for its impartation. Besides being an exact observer the good physician must be, in the author's opinion, an experimenter. Most physicians, he admits, do not know how to experiment. The three essential of experimentation are the varying of one factor at a time, the use of repetition and the quantitive estimation of the results. The practicing physician has hardly ever made use of this last. Especially experimental sciences are physics, chemistry, physiology, pharmacology and bacteriology. Like anatomy, they cultivate observation, but demand also experiments, and each has its own methods. Physiology and pharmacology, on account of their use of living material, come especially close to medicine in subject matter and in methods. To the powers of observation and knowledge, how to experiment, the physician must add ability to judge correctly, and the best of medical studies to develop this power of interpretative judgment is pathology. Lyon emphasizes the necessity of the research professor in charge of each scientific department. He should have the needed facilities for this, and also for training students. Good teachers are better than fine buildings and if proper instructors are secured they can attend to the equipment if allowed to do so. Teachers are more important than equipment. Lastly, the good physician should be a man of character, and for influencing the student properly to make him such the teachers should also be men of character. Character is the sine qua non of the good physician, and the principal way we can influence the medical student, who is the physician in the making, is by surrounding him with characters which are worthy of imitation.

ST. LOUIS ITEMS

Vacation Time.—Law and custom in the St. Louis Medical Society devote July and August to a recess. The excessive heat of the past month has caused some to debate whether an earlier adjournment might not be advantageous.

The commencement exercises of the American Medical College were held on the evening of June 1st at the Y. M. C. A. auditorium, a class of fifteen graduating. This is the first class graduating from this school since it came under Regular control.

River Excursion.—The Medical Society of City Hospital Alumni will give its third annual river excursion on the evening of June 13th. A general invitation has been extended to medical men and their families. A charge of 50 cents is being made for tickets and the proceeds will go to the St. Louis Medical Library.

Mayor Kreismann has appointed Dr. G. A. Johns superintendent to the St. Louis Sanitarium (Insane Asylum) to succeed Superintendent H. S. Atkins, whose resignation we mentioned in a recent issue. Dr. Johns was some t ime assistant to Dr. Atkins. The mayor also reappointed Dr. M. J. Dwyer superintendent of the Robert Koch Tuberculosis Hospital.

May Went Dry.—Even the oldest inhabitant is finding it impossible to recall a May which could compare with the one just past in heat and dryness; no rain fell for twenty-one consecutive days at one stretch and the total precipitation for the month was so small as to be almost useless, the heat was that of August. Fortunately the month went out with heavy showers.

Dr. J. J. Meredith, of this city, met with a very unusual accident a few days since; during the heavy thunderstorm lightning struck the rod of his umbrella, jumped to the buckle of his suspender and used the doctor as a conductor therefrom to the earth. Some severe burns, great shock and a ruined umbrella and burned clothing were the fortunate outcome of the mishap.

Dr. Starkloff Health Commissioner.—Among the recent appointments of Mayor Kriesmann that of Dr. M. C. Starkloff to the Health Commissionership is of interest

Digitized by Google

to the medical profession. Dr. Starkloff made so good a record when before in this office that his return is generally welcomed. The retirement of Dr. H. Wheeler Bond is attributable only to that gentleman's political faith.

Memorial Day.—During the year ending May 28th the St. Louis Society lost nine members through death, an unusually large number. Memorial services were held on the 28th and tribute paid to each in a fitting manner. Death has removed the following during the year: Gustav Baumgarten, John E. Faber, Theo. F. Fienup, Robert Q. Gray, John A. Leavy, Jules F. Menestrina, Bernard W. Moore, Edwin M. Nelson, Warren B. Outen.

Drs. C. H. Dixon and Wm. H. Rush.—Just as we go to press we learn of the deaths of Drs. C. H. Dixon and W. H. Rush. Dr. Dixon had been invalided for a long time and his death came not unexpectedly; Dr. Rush had been ailing but had not been seriously ill, his death came with absolute suddenness and its cause could be ascertained only by an autopsy, the findings of which have not reached us. Two deaths in one week in the membership of the St. Louis society, and that the week beginning the new year after the memorial meeting, and the taking by it of two men holding so important places in the fraternity, is something of a shock and makes one thoughtful.

Silver Nitrate in Gastritis.—Silver nitrate, in doses of one-fifth of a grain, dissolved in peppermint water, is a very valuable agent in the treatment of chronic catarrhal gastritis. It should be given on an empty stomach three times a day. Six grain doses of resorcinol are also useful. If nux vomica is used fifteen minim doses of the tincture should be given.

Dr. Koch's Last Words on Tuberculosis.—Dr. Koch, in an address which was recently published in Germany, stated his opinion that the decrease in tuberculosis is largely due to sanatorium care and hospitalization of tuberculous patients. In the countries where this has been most thoroughly done the decrease in tuberculosis is greatest Another very important factor is the housing conditions. Small, crowded rooms favor tuberculosis. The reason why tuberculosis so frequent in the country is that farmers and their families generally occupy the smallest and poorest rooms in the house for sleeping purposes.

DIAGNOSIS

Brudzinsky's Sign.—Dr. M. J. Loeb, New York (Jour. A.M.A., May 13), reports a case of a patient suffering from bronchopneumonia in which this sign, heretofore observed only in diseases of the nervous system, such as meningitis, etc., was observed. It is elicited by forcibly flexing the head with one hand while the child is lying flat on his back and using pressure with the other hand on the chest to prevent its being lifted. If the sign is positive both legs will flex on the thighs and the thighs on the abdomen. The identical collateral signs consist in flexing one leg on the thigh and the thigh on the abdomen and the opposite lower member will assume the same position. The subject in this case was a baby, aged 9 months, suffering from bronchopneumonia following scarlet fever. Kernig's sign was also present, and Babinski's sign, both being present until the third day. On the seventh day they were all negative and the temperature was normal. The child made an uneventful recovery.

Gastric Ulcer.—Maynerd, in the Vermont Medical Monthly, advises that as a rule the patient complains of a burning, boring, or gnawing pain which, if the ulcer is in the storage portion of the stomach, is made much worse by the taking of food, which gives us a valuable sign of ulcer in this location, i.e., "food distress." If the ulcer is in the pyloric portion of the stomach beyond the Cunningham sphincter, we find that this burning pain is much relieved by food which relief lasts from one to one and one-half hours. This has been styled by Moynihan as "food relief," and is our most valuable symptom. If the ulcer is in the duodenum the "food relief" lasts for two or more hours, which is in turn followed by the "hunger pain" coming on when the stomach is pouring out its most acid contents. This pain can again be stopped by giving food or alkalies and so on, the pain, especially in duodenal ulcer, comes on with great regularity, waking the patient at certain hours in the night to be relieved by some milk or bread which the victim soon learns to prepare for the occasion. These ulcer cases have been styled "clock stoppers" from the regularity with which the pain returns both night and day.

We then have in the case of ulcer of the "storage stomach," "food distress," in

Digitized by Google

the case of ulcer of the pyloric portion, "food relief" for from one to one-half hours, and in ulcer of the duodenum the "food relief" lasts for two hours or more. In gallstones the pain has no relation whatever to the taking of food.

If the pain has formerly been two hours from the taking of food and gradually has come down to say one hour, it is a sign that the duodenal ulcer has found some fresh adhesions to the abdominal wall, gall-bladder, or liver, or that the pylorus is becoming stenosed. If the time is gradually lengthened from two hours, the ulcer is usually found tucked back; that is, drawn up high above its usual location by the shortening of adhesions.

An interesting symptom in stomach ulcer is that the patient is the most comfortable when the ulcer is above the acid contents of the stomach; thus, if the ulcer is on the lesser curvature, he feels better standing, if on the greater, when he has his hips higher than his head, if on the anterior surface, when lying down, if in the cardia, while lying on the right side and so on.

Blood in the vomitus or stools is a valuable symptom, and if we include the finding of occult blood, it will be present at some time or other in practically all our cases.

In gastric ulcer the blood may be vomited in large amounts while black tarry stools (melena) may be passed, but not to the same extent as in duodenal ulcer, in neglected cases of which the patient not infrequently dies from intestinal hemorrhage while the vomiting in the latter ulcer is limited. These hemorrhages are generally present only in cases allowed to go on without operation, and should never occur if the case is properly handled.

Duodenal Ulcer.—W. F. Cheney (Am. Jour. Med. Sciences) considers the methods of diagnosis of ulcers of the duodenum, a subject which is gaining more and more importance, as we realize that duodenal ulcers are much more frequent than was formerly thought to be the case. The physician who graduated 15 or 20 years ago, was taught to regard ulcer of the duodenum as a rare disease, most often due to external burns. During the past five years, however, we have learned that gastric ulcer is less frequent than duodenal ulcer, and that the latter must always be reckoned with as a possibility in any disease of the upper abdomen.

The first thing to do in a case of suspected duodenal ulcer is to take a careful history. Usually, the story is so characteristic, that a diagnosis may be made, even without any physical examination. The patient will speak of attacks of pain, which have recurred for a long time, sometimes for years. Usually, at first, the patient makes light of the trouble and thinks that it is an attack of acute indigestion. Between the attacks the patients feel perfectly well, and eat what they please. In some cases, however, they have constant difficulty with digestion, and complain of persistent acid dyspepsia. Usually there is no history of nausea or vomiting, nor any loss of flesh, unless there are complications.

The pain is felt in the epigastrium, high up towards the ensiform process, and in the median line. From this situation, the pain radiates through to the back, to one or the other side of the spine. Sometimes it is felt in the back, even more severely than in the epigastrium. The pain is aching, dragging or piercing, but not unbearable nor colicky. The most characteristic point about the pain is that it occurs several hours after food is taken. The patient is relieved by eating food, or by taking large doses of sodium bicarbonate, or in some cases by drinking freely of water. Heat applied externally always affords relief.

The physical examination does not aid us a great deal in these cases. On inspection, there is no abnormality in an uncomplicated case. On palpation, likewise, there is none, unless tenderness be found after an attack of pain. There is no tumor nor splashing sound. The stomach does not appear dilated, or its pyloric end obstructed. After a test meal, an excess of hydrochloric acid is always found, save in a few exceptional instances. The absence of an excess of hydrochloric acid, is by no means a bar to the diagnosis of duodenal ulcer. An important item in the laboratory findings is the occurrence of occult blood in the feces. This is almost invariably present in any active case when attacks of pain are frequent. It is not claimed that the diagnosis of duodenal ulcer is easy, or that errors never occur. The only diagnostician who has perfect confidence in himself, is the one who never sees his conclusions checked by the surgeon or the pathologist.

Rabies Vaccine.—An important announcement appears in this issue from the well-known and reliable house of Mulford, stating that this company is now prepared to furnish fresh vaccine for the treatment of rabies according to Pasteur's method. Send for literature, and become posted, so you may be ready in case of need.

Digitized by Google

TREATMENT

Expansion of a Compressed Lung.—In an exhaustive consideration of suppurative conditions of the lungs and pleura (Illinois Med. Jour., May, 1911) Whalen states that the length of time the lung may be compressed and still again expand is indefinite. A case is on record in which after a period of three years of pus in the chest with an imperfectly drained large cavity communicating with the bronchus the lung was made to re-expand and fill the side of the thorax. The amount of negative pressure required to overcome spastic contraction of the lung itself is slight. Ten millimeters of mercury will keep a normal lung expanded and two or three times this amount is usually sufficient for expanding a lung in cases of empyema. A lung that is adherent may stand a higher degree of vacuum but the constant effect of even so small an amount as that above mentioned seems efficient in time. The following is a very simple and effective procedure that will bring about this result:

After the establishment of simple drainage or the exsection of the rib and after the escape of the major part of the purulent material, substitute a single tube of about 40 French caliber for the two or three rubber drainage tubes inserted at the time of the primary operation. About the tube pack borated gauze saturated with an antiseptic ointment; take a piece of dentist's rubber dam about 5 or 6 inches square, cut a small hole in the center, stretch it over the tubing and run it down to the side of the chest; bind this in position by strips of adhesive plaster; over this place absorbent cotton, then a chest binder put on with the tube coming through. Into the rubber tube insert a glass connecting piece and on the other end a smaller piece of tubing about 6 or 8 inches long which connects with a Politzer bag. The use of a collapsible rubber bag is all that is necessary in most cases to make the treatment a distinctly simple and ambulatory one; the patient can be up and out of doors as soon as he is able to leave the bed. At the same time he is receiving the benefit of continuous aspiration drainage. The Politzer bag can be carried under the clothing and emptied and replaced by the patient as required.

Of the many devices made to secure an air-tight joint at the chest the above has been found the simplest and most inexpensive, and will frequently last for weeks without leaking. The dressing should be changed once a week, at which time the depth of the vertical cavity or sinus should be noticed as well as the amount of lung expansion. Frequently at this time the lung will be found to be in contact with the tube, when it will be necessary to shorten the tube. By repetition of this once a week the tube is gradually removed as the cavity is obliterated. The routine employment of this method in cases of empyema will make operations like Estlander's, Schede's and others done with the same purpose, I am sure, exceedingly rare.

The method devised by Perthes is more cumbersome and will not permit of ambulatory treatment. It is on the plan of an ordinary exhaust or water pump. The principle involved is that a tube inserted in a downward direction into another tube through which water is flowing is under the influence of constant suction. The tube in the chest (before mentioned) is connected with the water pump just described, which may be 30 or 40 feet away from the patient. The stream of water required will be found to be surprisingly small (one-eighteenth to one one-hundredth of an atmosphere). The first tube is passed through an air-tight bottle which collects the pus. By this method striking results are often obtained; lungs which by the old method expanded slowly will expand more rapidly, and many cases have yielded by this treatment in which it was necessary previously to perform extensive destructive operations on the chest wall in order to bring it into contact with a shrunken lung.

Failing in this method of treatment in old empyemas we should resort to Estlander's operation which consists of resecting ribs and allowing the soft parts to fall in contact with the shrunken lung. Schede has shown us that it is the old thickened pleura which causes the delay in healing and that makes it necessary to repeat the operation several times before final recovery. In doing a Fowler's operation Ramschoff noted that an incision carried through a thickened pleura to the lung widens out rapidly, as will any subsequent number of incisions that may be made. He recommends making incisions like a grid-iron about a quarter of an inch apart and crossing them by others. Following this the lung begins to expand at once. Magie advises going one step further by removing the parietal pleura and making multiple incisions in the thickened pleura of the lung.

Sexual Inability.—In a paper dealing

Digitized by Google

with functional sexual diseases in the male (Med. Record, May 27, 1911) Townsend and Valentine briefly consider the treatment and from their presentation the following practical points are among those worthy of accentuation: In the treatment of these diseases, abstinence is a sine qua non. When the psychic element predominates, failure accentuates the depression and more firmly fixes the idea of incompetence. Where the cause is peripheral nerve irritation, attempts at coitus or even sexual excitement aggravate the previous pathological conditions.

General tonics have long and justifiably held an important place in the estimation of our medical forefathers in the treatment. Many of these patients are physically below par and need systemic medication. Those who have no crying need for tonics are improved by their placebo effect and feel that every effort is being made for their relief. Ligation of the dorsal vein, mechanical apparatus, like the penis expander, and various prosthetic appliances, such as splints, and the much vaunted aphrodisiacs, lie at rest in obscurity for the reason that they were empiric, their raison d'etre being based on false theories.

Physical exercise and hydrotherapy are worthy adjuvants to our local treatments, especially where the occupation does not oblige open air or a moderate amount of activity.

Removal of the cause, when the condition is not advanced and before extensive organic changes have taken place, will in numerous cases have curative action.

Impotence due to peripheral nerve irritations from the deep urethra, in which the prostate is invariably involved, are most amenable to treatment. Even though the palpating finger may not discover a prostatitis, the urine sediment will contain sufficient elements to deduce a mild inflammation. Upon these findings, massage of the gland is strongly indicated and is one of the most effective methods of treatment at our disposal. The treatment can be tolerated every fourth or fifth day. Improvement may be accelerated in some patients if an intravesical irrigation of an antiseptic solution is administered after the massage.

The application of faradism to the prostate and spinal centers has considerable value. It beneficial effects are more apparent in atonic cases where defecation and urination prostatorrhea are symptoms. A practical method of applying the currents by the Dommer urethral and prostatic electrodes, one pole being attached to each instrument, or by using either instrument singly, applying the other pole over the spinal centers. The rectal electrode is concave with the metallic side upmost to send the current toward the prostate and seminal vesicles. The urethral electrode is the usual hard rubber sound with exposed metal at the posterior urethral curve.

The desire to combine prostatic massage with the electric current led Hogge, and later Courtade, to devise electro-masseurs. Their instruments consist of a finger cot containing a metallic plate and a connecting wire. The objections to these instruments are their bulkiness and difficulty of sterilization. Hogge reported 96 cases cured or improved by this treatment. A simpler device was perfected five years ago and ever since has given complete satisfaction. It consists of a metallic fenestrated thimble, with a cable and binding post.

The prostatic psychrophore is an old and useful method of treatment. There are several models of the instrument, the most useful of which is one made of a large tube bent at right angles with outflow and in-flow attachments and slightly broadened near the tip where it comes in contact with the prostate. The other models (Arzberger, Winternitz, etc.) are too short and small. Cold is usually employed, although good results are obtainable from alternation of heat and cold.

Euthanasia Again.—Speaking in Boston on the subject of eugenics before a convention of Unitarian ministers, the Rev. George W. Cutter is said to have suggested the elimination of degenerates by the use of anesthetics, on the plea that many of the inhabitants of State institutions would be better dead than alive. He also advocated the physical examination of applicants for marriage licenses, and the approval of boards of health before such licenses are issued.

To combat the spread of infantile paralysis, the District (Washington) Commissioners approved Health Officer Woodward's regulations to cover the disease. They are drastic and sweeping, and carrying with them penalties of from $50 to $100. Acute anterior poliomyelitis has not been a reportable disease, the regulations make it one. From the visitations of the disease in Washington during the past year 300 children are today twisted and maimed and crippled, some more and some less, but all carrying some deformity for life, perhaps, because of the malady which attacked them last summer.

Digitized by Google

CORRESPONDENCE

AMERICAN MEDICAL ASSOCIATION, LOS ANGELES, JUNE 26 TO 30, 1911.

To Our Brethren of the Mississippi Valley: Now is the time to visit Southern California. Los Angeles extends a welcoming hand. The railroads are all giving a half rate, and when you get here you can see as much in five days under the auspices of the committees of the American Medical Association as you could in five weeks coming as an ordinary tourist.

In the gardens of the California hospital, where members of A. M. A. will be welcomed.

Besides the unusually fine scientific programs, social entertainments have been arranged for the general association and each section.

Practically every city of the United States can boast of growth and development, but Los Angeles with her tropical foliage and citrus fruits; the Pacific Ocean to the west and the mountains to the east, claims peculiar features of interest.

There will be several general social functions. Dr. and Mrs. W. Jarvis Barlow, on Wednesday afternoon from 4 to 7 will give a garden party in the tropical gardens at their home on Figueroa street, which will be an elegant and delightful affair.

Everything that is in the range of possibility is being done for the entertainment of the wives and daughters of the visiting physicians, and this garden party will be to them a source of delight.

On Tuesday afternoon, June 27th, there will be a tea, for the ladies only, at the Alexandria. The beautiful banquet hall of this well-known hotel will be in its brightest colors, and 150 of our Los Angeles ladies will be there to welcome the guests.

Wednesday morning, at 9 o'clock, automobiles will be furnished for all visiting ladies, and in each of these cars there will be one of our Los Angeles women to act as hostess, and describe the trip, which will take the guests through some of the most charming sections of this city and its suburbs, to the Los Angeles Country Club, where an informal reception will be held. This drive will not only take the ladies through groves and vineyards, but will also take them through a section which is a great contrast to these fruitful homes. I refer to the oil fields. Southern California is the greatest producer of oil in America, and while there is nothing particularly attractive in an army of derricks, still it is novel and gives one an idea of the extent of that industry.

Wednesday evening the President's reception and ball will be held in the Shrine Auditorium, an immense and beautiful structure, where the best we have socially in Los Angeles will be present as hosts and hostesses.

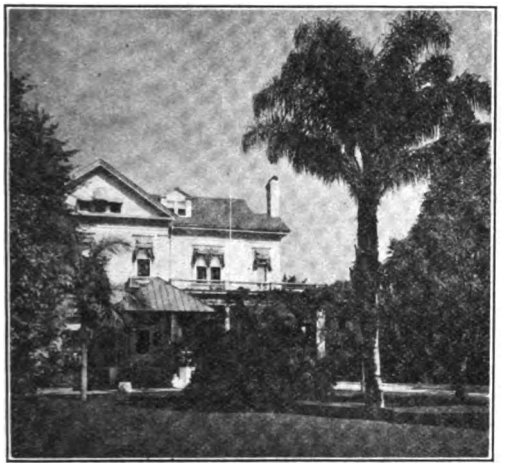
Almost every physician in the Mississippi Valley knows Dr. Norman Bridge. Noted as a practicing physician, professor of the faculty of Rush Medical College, a successful author, and also a prominent financier. Dr. Bridge in the last few years has interested himself especially in oil, and through this development has accumulated, his friends believe, somewhere about two millions of dollars, yet he is the same modest, genial doctor. On Thursday afternoon from 4 to 6:30 Dr. and Mrs. Bridge will welcome their friends at an Al Fresco Musical under the palms, figs and pepper trees at their home in Chester Place.

On Thursday evening there will be a smoker and vaudeville performance especially prepared for the gentlemen, but the lady visitors are also invited, and it will be a pleasant occasion.

Mr. and Mrs. Adolphus Busch on the grounds of their beautiful Pasadena winter home where Festin del Jardin (Spanish luncheon) will be served.

Digitized by Google

A unique event will be on Friday, when all visitors will be taken in automobiles from their hotels in Los Angeles to and through Pasadena to the winter home of Mr. and Mrs. Adolphus Busch where a barbecue will be given. The tables for serving will be 150 feet long, while guests will be seated over the entire garden. The menu will be strictly Spanish, and the salad will be a feature. A ton or more of it will be made up the night before and



Glimpse of tropical foliage. Home of Dr. W. Jacob Barlow, Los Angeles, where garden party will be given.

frozen in tubs of ice, so that when taken out the next day, it will be as crisp and fresh as if newly made.

That evening, Friday, every person will be taken from Los Angeles to the beach cities of Venice and Santa Monica, in special cars, and there will be fireworks, music and a midnight luncheon. It will be a delightful time to go in bathing and test the waves of the old Pacific.

Saturday will be another great day, when two trips will be open to all guests, one, a trip 25 miles out to sea to a fish barbecue at Catalina Island, and the other to the noted resort of Long Beach where an elegant luncheon will be served at the Hotel Virginia.

I should not neglect to speak of the Editors' Banquet, which will be given at the Hotel Alexandria on Monday evening, June 26th. The menu will be all that could be asked and California wines will accompany the more solid features. There will also be ad libitum sham pain for our real friends. Mr. James Slauson, president of the Los Angeles Chamber of Commerce will respond to the toast Los Angeles, and the leading editors from New York City to the coast will make felicitous response to suitable toasts. Dr. Joseph MacDonald, Jr., president of the American Medical Editors Association will be toastmaster.

Now is the time to visit Los Angeles. In behalf of the medical profession of the Pacific Coast I bid you welcome. Dr. H. Bert Ellis, Bradbury Building, Los Angeles, chairman of our local committee, is the moving spirit in all of these preparations.

Yours fraternally,
WALTER LINDLEY,
Editor of the Southern California Practitioner.

Special Party Returning from California.—A number of those who will attend the meeting of the A.M.A. at Los Angeles in June have expressed a desire to make their return trip through Victoria and Vancouver, and enjoy the scenery of the Canadian Rockies, with short stopovers at Banff and other notable resorts. For the accommodation of these, the undersigned is making up a party, leaving Los Angeles on Monday, July 3, stopping at Santa Barbara, San Francisco, Portland and Seattle, with a daylight boat ride across the sound to Vancouver. From this point the homeward trip will be over the Canadian Pacific Ry. through some of the most gorgeous scenery to be found in the world. Stopovers will be arranged for at St. Paul, in Minneapolis, and for those desiring to visit the Mayo clinic at Rochester, via Chicago Great Western Railway. Fare, for the entire round trip, $71.75, from Missouri river points, with $6.50 additional for side trip to Grand Canyon, where we stop 28 hours. Reservation should be made early, as the party will be limited. You are especially urged to take the lady members of your family. Round trip tickets must be purchased before starting and should specify this route. For further information address Dr. Chas. Wood Fassett, secretary Medical Society of the Missouri Valley, St. Joseph, Mo.

Sixty-five Thousand Dollars for the Study of Cancer.—On May 11th the Governor of New York signed a bill appropriating $65,000 for the establishment in Buffalo of a hospital to conduct investigations into the cause, nature, treatment, prevention, and cure of cancer and allied diseases. The management of the institution is to be vested in a board of trustees of seven members, including the State Commissioner of Health.

Digitized by Google

MEDICAL MISCELLANY

Sterilization of Swimming Pools.—Where it is impracticable to renew the water of pools frequently, it has been found practicable to sterilize the water by the use of sufficient hypochlorite of lime (chlorid of lime) to give one part of chlorin to two million parts of water. The water remains practically sterile for four days after the disinfection, when the bacterial count begins to rise again.

Decision Against Osteopaths.—The Appellate Division of the Supreme Court in Brooklyn, N. Y., on May 12 affirmed the judgment of Justice Putnam in refusing to grant a mandamus to Charles S. Bandel, an osteopath, to compel the recognition by the Board of Health of a death certificate signed by an osteopath. It is possible that the case, which has excited much interest throughout the State, may now be carried to the Court of Appeals.

Russia's Backward Hygiene.—A paper recently read before the French Academy of Medicine speaks of the danger to Europe from the condition of Russia, which seems unable to clear itself of cholera, owing to the ignorance of the masses, who do not seem to know the first principles of cleanliness and hygiene, and the scarcity of physicians and hospitals. This unsanitary condition, it is asserted, is an element of grave danger not only to Russia, but to the entire world as well.

Plague Investigation.—The delegates to the International Plague Conference in Manchuria have completed their investigations and are now on their way home. It is stated that resolutions were adopted by the conference to the effect that it was unnecessary to interrupt railway travel in case of a plague epidemic since modern science was able to control the disease without difficulty, provided the proper authority was given to the health officers. Other than this, it is said, no practical results were arrived at by the delegates.

Staff Returns to Chicago Hospital.—Drs. Alice Conklin, Henrietta M. Farquharson, Bertha Van Hoosen, Grace Campbell, Lois L. Wynekoop, Sara J. McCollum and Louise Awres, who were discharged from the staff of Mary Thompson Hospital on charges of alleged insubordination March 1, have been reinstated, and beginning with May 9, the institution is operated under new management. The new plan provides that the Chicago Woman's Club will be represented on the board of control by eight of the twelve members.

Down with Mosquitos.—The Montclair, N. J., Health Department has begun a crusade against the mosquito by locating and draining the stagnant pools of water where the insect finds breeding places. A penalty of ten dollars has been fixed for maintaining a pool of water in which mosquito larvae breed, but it is impossible to prosecute an owner for maintaining such a pool unless mosquito larvae are actually found.

The Coca-Cola Case has attracted the attention of the legal profession for some months past. In the recent trial that company and the government assembled a majority of the leading chemists of the United States. The government contended that coca-cola is adulterated and that it contains an added ingredient, caffeine, which is alleged to be a poisonous and deleterious ingredient that may render such food product injurious to health. It was also alleged that the name, coca-cola, as used on the label, suggests and represents the presence of coca. Objection was also made to the pictorial design of coca leaves on the labels. After a hearing, extending over three weeks, in the United States District Court, the coca-cola people won out. The government gave notice of appeal to the United States Supreme Court.

Syphilis in Physicians.—Dr. Sellei, dermatologist to the Teleia Hospital, Budapest, recently urged the necessity of counting syphilis as an "occupation disease" of physicians. He has had as patients seven medical men suffering from the disease (Professor Blaschko had twelve). The primary lesion occurred in nearly every case on the hands, and was received in the course of gynecologic examination or operation. In some of the cases the cause of infection was the accidental wounding of the finger with an instrument, but in most it occurred through some unnoticed scratch or minute lesion. In one case, indeed, infection was definitely traced to the performance of an autopsy on a syphilitic. The primary lesion in Sellei's cases was usually very small and by no means painful, and presented some difficulty in diagnosis; in particular, it had to be distinguished from herpes, from anatomic tubercle, and from chancroid. Sellei advises against excessive use of the scrubbing-brush in preparation for gynecologic examinations, as he thinks it is responsible for many slight traumata about the fingers. He advises, too, the more frequent use of gloves in general gynecologic work.—J. A. M. A.

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

CLINICAL THERAPEUTICS

A forum of original experience with new remedies, to which scientific contributions are invited.

Endometritis.—(By J. J. O'Sullivan, M. D., New York City.)—Being a friend of glyco-thymoline for many years, I have no hesitancy in endorsing it at any time. As regards my experience with it in gynecology will say that I have a record of some ninety cases in which I have used glyco-thymoline to a greater or less extent and have always found it of great value in reducing engorgements and promoting a healthy condition of the tissues. The following cases serve to illustrate the usual method followed in applying this agent:

Case I.—Mrs. H. G., aged 24, married three years, multipara, occupation, housewife; gave the following history: Begun menstruating at age of 14 years and had always had some pain which had, however, become intense during the last two. Past two months had suffered severe backache and pain throughout the pelvic region; bowels constipated. Digital examination showed the cervix to be very tender and engorged with some slight congestion of the uterus itself, accompanied by a profuse whitish discharge. Diagnosis of cervicitis being made, a tampon of cotton soaked in pure glyco-thymoline was applied and patient directed to inject small amount of glyco-thymoline pure into vagina twice a day. Tampons of cotton and glyco-thymoline were repeated every other day and patient discharged in one month cured. Aside from an occasional saline laxative no other treatment was used.

Case II.—Mrs. M. H., aged 21, married multipara; occupation, housewife; came to me complaining of intense pain throughout the pelvic region, feeling of weight and bearing down sensation; bowels constipated and frequent micturition, having to void her urine from five to six times nightly which was accompanied by severe burning and tenesmus. An examination disclosed a lacerated cervix with considerable inflammation of the endometrium. Treatment consisted of tampons of cotton and pure glyco-thymoline applied every second day with intra-uterine douches of hot 25 per cent solution of glyco-thymoline by means of Chamberlain's glass tube. This patient has been under my treatment for three months now and the laceration has almost healed, which I expect to be complete in two or three weeks when I will discharge her, the inflammation of the endometrium having long since disappeared.

The Suprarenal Situation.—Messrs. H. K. Mulford Co., of Philadelphia, send us the following communication in reference to the recent decision of the U. S. Circuit Court:

When Vulpian a French chemist in 1856 reported that the suprarenal glands of mammals contained a peculiar substance giving certain color reactions with ferric chloride, iodine and alkalies, and quickly changing in contact with the air and on exposure to light, little might anyone have expected that fifty-five years later this peculiar substance would be the subject of a product patent.

In 1904 the H. K. Mulford Company placed upon the market adrin, its brand of epinephrine, the active principle of the adrenal gland, believing that the pioneer work done by von Furth and Abel justified it in doing so—and that a product patent on the active principle existing in nature

Digitized by Google

could not possibly be upheld, particularly in view of the fact that its existence had been recognized for fifty years; that nearly all of its chemical reactions and properties were previously known and described; that its chemical nature had been accurately predicted; that its medicinal virtues had been discovered and put into practical use; and that it had been actually isolated in various degrees of purity in the form of a benzoylated derivative and in the form of a zinc and an iron compound.

The H. K. Mulford Company regarded its product as a substantially different product obtained by a substantially different process, from those specified in the Takamine patent and did not believe that the latter could—if held valid at all—be construed to cover and include the Mulford product.

Moreover; the H. K. Mulford Company, recognizing that the first object of the patent law is to "promote progress in the sciences and arts" believed and still believes that the granting of product patents on medicinal substances, whether or not they exist pre-formed in nature, are a hindrance to, rather than a means of promoting progress in the practice of medicine, and used their efforts to defeat a product patent which it deemed to be not only contrary to the object and spirit of the patent law but contrary to the best interests of pharmacologic practice in the United States.

On April 29, 1911, Judge Hand, in the United States Circuit Court for the Southern District of New York, handed down a decision sustaining certain of the patent claims of Dr. Takamine and declaring H. K. Mulford Company products to infringe these claims.

The H. K. Mulford Company wishes to call attention to the fact that in defending these suits it has consistently and at great cost endeavored to uphold its antagonistic position toward the product patent for medicinal substances, believing that product patents on all substances used in medicine, work an injustice on the medical and pharmaceutical professions and are inimical to the public good.

The court having decided that the manufacture of adrin, the Mulford brand of epinephrine (the active principle of the adrenal glands) conflicts with the product patents granted to Takamine, the H. K. Mulford Company will discontinue its manufacture in the form of solution, tablets and hypodermics, until their appeal is decided in the higher court. Other preparations which have contained the adrin brand of epinephrine will be prepared with an amount of adrenals equivalent to the active principle contained in the glands.

The Illinois Vending Law, which is a part of the medical practice of requiring a license fee from itinerant venders of medicine of $100 a month has been declared unconstitutional by the Supreme Court of the state. The decision is based on the opinion that the fee is prohibitive and the fact that the sale of patent medicines is not confined by law to registered pharmacists.

The Association of American Physicians.—The twenty-sixth annual meeting of the Association of American Physicians was held in Atlantic City, N. J., on Tuesday and Wednesday, May 9th and 10th, under the presidency of Dr. F. Forchheimer, of Cincinnati. The following officers were elected to serve for the ensuing year: President, Dr. J. George Adami, of Montreal; vice-president, Dr. Llewellys F. Barker, of Baltimore; secretary, Dr. George M. Kober, of Washington, D. C.; recorder, Dr. S. Solis Cohen, of Philadelphia; councilor, Francis H. Williams., Esq., of Boston; representative on the Executive Committee of the Congress of American Physicians and Surgeons, Dr. W. S. Thayer, of Baltimore; alternate representative, Dr. Theodore C. Janeway, of New York.

Epinephrin.—At least thirty different brands of medicine depending upon the active principle of the suprarenal gland for the blood pressure raising effect are on the market. Only five, however, are manufactured in this country. The medicines differ as to the solvent and preservative used. Each one is sold under a trade name and, in some cases, the process of manufacture is patented. It is but natural for each manufacturer to put forth the claims for his special brand. The name, epinephrin, however, is not a trade mark name and the Council of Pharmacy and Chemistry of the A.M.A. proposes its use as a generic term. It is a case of custom making law. If those who refer to the active principle of the suprarenal gland in a generic manner always designated it as epinephrin, the term will soon become recognized as the appropriate one to use when designating the active principle. Of course, each particular manufacturer's preparation will continue to be known under its trade mark name.—Meyer Bros. Druggist.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXIX ST. LOUIS, MONDAY, JUNE 26, 1911. No. 12

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

CARDIAC MURMURS AND THEIR CLINICAL SIGNIFICANCE.*

LEWIS J. MOORMAN, M. D.

OKLAHOMA CITY, OKLA.

Auscultation of the heart sounds was first practiced by Harvey, but to Laenec (1819) belongs the credit of developing clinical auscultation. He attributed the first sound of the heart to the contraction of the ventricles and the second sound to the contraction of the auricles. Not many years later it was demonstrated that the contraction of the auricles preceded that of the ventricles, and thus Laennec's theory as to the cause of the second sound was exploded. Since then many theories have been proposed to explain the cause of the heart sounds, and though certain general views have been accepted, the subject is not yet closed.

With the investigation which has lead to our present understanding of the normal heart sounds, we have also acquired a certain knowledge of abnormal heart sounds, or heart murmurs. For a time heart murmurs were looked upon as almost synonymous with heart lesions, and those who laughed at Laennec's exploded theory were working under a more dangerous fallacy, and even today, notwithstanding the progress of the past thirty years in the pathology and diagnosis of cardiac lesions, we are still attributing to heart murmurs much more importance than they merit. We seem inclined to forget that heart lesions of the gravest character may exist without heart murmurs, and that pronounced heart murmurs may occur independent of heart lesions.

*Read before the Medical Association of the Southwest, Wichita, Kansas, October 11, 1910.

FREQUENCY OF CARDIAC MURMUR.

Statistics from the combined hospitals of Vienna show that lesions of the heart and vessels rank third as a cause of death (Stoerk).

In 1901 and 1902 there were 9,227 deaths. Of this number 1152 were due to lesions of the heart and vessels, and 459, or 40 per cent, of the latter were due directly to valvular lesions. This means that about 5 per cent of the total number of deaths resulted from valvular lesions. This, it must be understood, does not represent the frequency of valvular disease, but merely the number of deaths attributed directly to this cause. Records compiled by Gillespie show that of 2,368 cases of cardiac lesions, 80.8 per cent showed valvular disease.

I believe the majority of cases that come to autopsy show either active valvular endocarditis, or the results of old endocarditis. Perhaps many of these do not give rise to murmurs. In addition to the murmurs caused by valvular changes, we have a large percentage of functional murmurs which must be considered in the examination of the heart.

ORGANIC MURMURS.

Organic murmurs have their origin in valvular deformities which result, as a rule, from valvular endocarditis. Rheumatism is the most frequent cause of endocarditis, giving rise to over 80 per cent (Strumpel) of organic murmurs. This includes the heart lesions from rheumatism and chorea in children. In those cases in which there is no history of rheumatism, not even growing pains, chorea, or frequent attacks of tonsillitis during childhood, we are to think of scarlet fever, diphtheria, erysipelas or other infectious processes. We may have, in a limited number of cases, valvular deformities arising without a history of acute endocarditis. In these there is a gradual thickening with subsequent

Digitized by Google

contraction. We have also the valvular changes accompanying general arteriosclerosis. These are usually aortic. Aortic lesions, especially before middle life, carry with them the suspicion of syphilis.

Valvular lesions are of two types: (1) Those which cause partial obstruction of a valve orifice and give rise to stenosis; (2) Those which produce leakage or prevent perfect apposition of valves, thus giving rise to regurgitation or insufficiency. Stenosis results from adhesions between the free borders of the valves and from thickening and stiffening. Stenosis probably never exists without some degree of regurgitation. The same lesions which give rise to stenosis render perfect closure of the valves impossible. Regurgitation is caused by deformity of the valves or by weakening of the heart musculature.

The competency of the mitral and tricuspid valves is dependent partly upon the papillary muscles and the auriculo-ventricular rings. This accounts for the regurgitation occurring in connection with lesions of the myocaridum. This is termed relative insufficiency and usually is classed with functional murmurs, as such murmurs may disappear with improvement in the condition of the cardiac muscle.

Murmurs are classified as systolic and diastolic. Those occurring synchronously with systole, and those occurring during diastole. The murmurs occurring in the latter part of diastole and leading up to the beginning of systole are called pre-systolic.

The quality or character of a murmur has little diagnostic worth. As a rule, the rough, rasping murmur indicates stenosis, and the soft, blowing murmur attends regurgitation. A musical quality has no special significance. The intensity or loudness of a murmur may have some prognostic value. As a rule, a loud murmur indicates a fair degree of compensation. If a murmur entirely replaces the valvular sound it is safe to infer that there is considerable deformity of the valve.

Murmurs produced at the mitral valve have their point of maximum intensity in the region of the apex beat.

Murmurs heard most distinctly in the second left interspace are produced at the pulmonic orifice.

Murmurs heard with maximum intensity in the region of the ensiform cartilage are usually produced at the tricuspid orifice.

Murmurs produced at the aortic orifice may be heard best in the aortia crea, but are often heard with greatest intensity at the fourth left costal cartilage It is not within the scope of this paper to discuss in detail individual valvular lesions and their possible combinations, however, the accompanying table is useful in that it presents some physical signs of the most frequent organic murmurs and also serves to emphasize the importance of inspection, palpation and percussion.

Auscultation.	Percussion.	Palpation.	Inspection.	Lesion.
1. A loud systolic murmur at the apex and accentuation of the 2d pulmonic.	Hypertrophy of the left ventricle and later also the right ventricle.	Strong radial pulse. Systolic thrill at the apex.	Strong heaving apex beat, displaced downward and to the left.	Mitral incuffiiciency.
2. A diastolic or presystolic murmur at the apex. The first sound often loud; second pulmonic accentuated.	Hypertrophy and dilatation of right ventricle.	Diastolic thrill at apex. Small pulse often irregular.	Increased cardiac action; epigastric pulsation.	Mitral stenosis.
3. A loud diastolic aortic murmur over the fourth costal cartilage or upper sternum. Short systolic sound in the peripheral arteries (brachial and femoral).	Great hypertrophy and dilatation of left ventricle.	Strong heaving apex Often heaving precordia.	Apex beat increased in strength and area. Displaced to left and downward. Sometimes bulging of precordia. Visible pulsation of peripheral arteries.	Aortic insuffiiciency.
4. A loud systolic aortic murmur. Absence or enfeeblement of aortic second sound.	Hypertrophy of left ventricle.	Heart action not very strong. Pulse small, lazy and usually slow. Aortic thrill.	Apex dislocated to left and downward.	Aortic stenosis.

Digitized by Google

FUNCTIONAL MURMURS.

Functional murmurs, according to some authorities, constitute not less than 50 per cent of all cardiac murmurs. They are practically always systolic and are usually heard best over the pulmonic valve. However, they may have their maximum intensity over the mitral or aortic area. They are usually soft and blowing, but may be loud. They are not transmitted to axilla or back. They are not accompanied by evidence of organic lesions, as, hypertrophy, dilatation, cyanosis, dyspnea, hepatic or other visceral engorgement. They are more readily influenced by position and exercise than are the organic murmurs, often disappearing when the patient is in the upright position, and becoming more pronounced after exercise. They are more common in children than in adults, and often occur in febrile conditions. They are to be found especially in the anemic, poorly nourished and over-taxed. Butler found that in 100 children from six to fourteen years of age, supposed to be free from vascular or blood diseases, 64 presented cardiac murmurs. Of these all but 18 disappeared when in the upright position. The absence in the history of rheumatism or other infections which might have caused endocarditis suggest functional murmurs. Some cases may have to be kept under observation a few weeks or months before a differential diagnosis can be made.

THE NEED OF SYSTEMATIC EXAMINATION OF THE HEART AND A MORE RATIONAL INTERPRETATION OF CARDIAC MURMURS.

The large percentage of unrecognized cardiac murmurs is due principally to want of examination rather than to want of knowledge or skill. It is our duty to examine the heart of every case coming under our observation before we presume to give an opinion or a prescription. This duty is multipled by anything in the history suggesting the possibility of a cardiac lesion. In connection with this we must remember that growing pains and chorea mean rheumatism; and that rheumatism in the child may be manifested by fever and endocarditis without joint symptoms. Also, that tonsilar and pharyngeal affections may give rise to endocarditis. No doubt many of the valvular lesions first discovered in the adult have their origin in childhood. They are overlooked because the heart is not carefully and frequently examined. If these lesions were anticipated and recognized early, much damage might be averted. The same is true of valvular endocarditis originating in the adult. The condition is often overlooked at the time of origin and discovered accidentally when the individual applies for life insurance, or when, on account of some particular symptom or condition, his physician deems it necessary to make a careful physical examination, or refers him to some one for diagnosis.

I have chosen to speak of cardiac murmurs rather than of valvular lesions, because of the prevailing tendency to depend too much upon auscultation in the diagnosis and estimation of cardiac conditions. Heart murmurs must be interpreted in the light of inspection, palpation and percussion. With the intelligent employment of these methods, which must constitute a part of every systematic examination of the heart, many of our errors in diagnosis and prognosis might be eliminated. The individual possessing a functional murmur might be spared the anxiety and worry, and, in some cases, the material loss, attending the announcement of a heart lesion; and the unfortunate victim of an organic murmur might have his strength conserved and his life prolonged by the well-directed management which naturally follows a definite determination of the lesion and a correct estimate of the degree of compensation.

OPEN AIR TREATMENT.

D. L. FIELD, M, D.

JEFFERSONVILLE, IND.

Of all the measures recommended as preventives of disease, especially tuberculosis, there is nothing which gives more promise of success, than does plenty of pure air and sunshine. Outdoor pedestrianism, and not riding, is preferable because the carbon of the system is burnt up, and the blood is purified and oxygenates by such exercise.

From time immemorial, sunlight has been recognized as a powerful preventive of ills, and an essential to healthful life. Where do we find a better example of the glorious effects of outdoor life, in hardening and invigorating the body, than among the nomads! Lung diseases are almost unknown among them. Then in addition to their healthful open air life, they live on the plainest and most wholesome food.

The pioneer occupants of old-time log cabins, were a lusty, hardy class; and I can remember when "consumption" was so rare, that it would excite surprise; and people would wonder how the disease had

Digitized by Google

been contracted. It was never attributed to foul air, but was attributed to exposure during the extreme rigors of winter If there was any one thing the pioneers had an a bundance of, it was open air. In a large family, of which I am one, it is a disease unknown among us, even to remote ancestry. Nearly every one of nine children were born and raised in a hewed beech log house. After we were grown, the house was weather-boarded over the logs. It is standing today. If people now could get to the simple life, and escape from the present day close, crowded and superheated, hot air houses tuberculosis would be rare. But it will not be, and weak lungs and weak bodies will continue to multiply victims of the white plague!

It has been known for ages, that where the beams of the sun are shed, disease is practically rare. From the remotest period it has been recorded, that the most salubrious places were those flooded with sunshine, and it is also true, that where the sunshine is shut out, disease is inevitable. Without such conditions, health is impossible. Sunlight purifies everything it reaches, disinfects every object it penetrates, and destroys germ life.

The Bible says, "I will flee unto the mountain, from whence my help cometh." It might be paraphrased, "from whence my health cometh." The secret of the good effects of Colorado air, is the abundance of sunshine, and the free air of heaven flowing into the lungs of those who form the tented colony on the mountain side.

Get away from the impure air of our crowded cities, and either go into the country, or to the salubrious air of the mountains! Go at the sound of the first alarm bell, and don't wait till disease has fastened itself upon you so firmly that it cannot be shaken off! Go as a preventive course, if you inherit tuberculosis; for I believe in its transmission from parent to offspring, and you would do well to make your home there.

In nephrectomy for hypernophroma it is very important to remove the renal vein.—Amer. Jour. of Surg.

Rabies Scare.—Reports of outbreaks of rabies in Geneva and Auburn, N. Y., have been received by the New York State Departent of Agriculture, and are now being investigated with a view to placing the two places under quarantine if the conditions warrant such action. It is said that the outbreaks so far this year have been much less frequent than in years past.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

(Continued from page 186.)

CHAPTER IV.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

The chances are that nine out of ten women if castaway on a desert island would first ask for a mirror. Reasonable vanity, is, without question, a praiseworthy element, but when lovely woman, always discontented, sacrifices health in a vain attempt to change her skin and features, she commits a folly fraught with danger.

Perfumes and toilet waters are dainty adjuncts to the toilet, and cold cream is a useful accessory, but when the lotions and ointments become corrosive or irritant, as many of them do, their use is unsafe. Corrosive sublimate, for example, may remove freckles and also lead to disfiguring irritation of the skin.

Pimples, a source of annoyance to man and woman alike, may be slightly benefited by external applications, but no permanent cure can result if strict dietetic regulations are not enforced and aided by a judicious use of medicine. Arsenic, we know, works wonders in some of these disorders, and unfortunately the public knows this well. But they do not know the "off and on" method of administering it. Hence many women, using it, become physical wrecks and do not realize that they are slowly poisoning themselves.

It is astonishing, too, how readily people will pass along a prescription to their friends. The symptoms or conditions bear some sort of superficial resemblance to their own condition two or three years before. "Why don't you try so and so?" they say. "Dr. Good gave it to me. It cured me; so I'm sure it will do you good. I'll give you the prescription."

One would hardly expect axle grease to be a good lubricant for a watch or use gasoline as an illuminating oil, but to expect a given prescription to cover all forms of skin disease and be beneficial to all is just as absurd. One case may need corrosive sublimate and another sulphide of calicum, and neither will "fill the bill" if given indiscriminately. On the other hand, the former drug may do incalculable harm in the latter case.

Nor can we expect to have a good skin if there is a bad stomach. But women, es-

Digitized by Google

pecially, are inclined to tea-toperism, which effectually upsets the stomach and offsets all attempts at beautification. Used in moderation tea is the most harmless of all drugs, for it certainly is a drug. When it is taken in place of food it may become a dangerous drug. It is woman's universal panacea. With it they "stave off" a headache and brace themselves up to the mark. And then, their health wrecked, their nerves shattered and their blood impoverished, they crave the stronger tonics.

Perhaps these tonics may be prescribed by a physician but it is quite certain that no physician ever prescribed a tonic to be regularly taken year after year. Add to this the fact that most of the routine tonic preparations are made palatable and we have a most dangerous tendency to make their use habitual.

Medicinal wines and elixirs are especially open to this objection. Beef, wine and iron, that popular household tonic is naught, to the minds of the initiated, but a feebly disguised tipple. Coca wine, useful as it may be, in its proper use, has become a scourge and baneful pest to humanity, where, as often happens, it becomes a beverage instead of a tonic. Some of the malt extracts seem to be naught but stout or porter religiously defended and endorsed by those who drink them generously while they pour maledicitions upon beer and beer drinkers.

Yet the conditions of the present day are such that stimulation has become almost a necessity. Men and women leading a strenuous life, both in work and play, overtax their nervous energy and physical vitality and are obliged to resort to stimulants, of some nature, to keep up the pace or fall behind in the mad race for supremacy. The craving for drugs is therefore not that of desire alone but one of necessity.

The advances in elegant pharmacy, the palatable compounding of drugs in cordials, elixirs and wines, hardly supply the demand for medicinal stimulants. The cry is still for more, for some new preparation that gives a new sensation. At the present time, moreover, it is possible for anyone to buy almost any desired drug without a prescription and few druggists, if any, will refuse to sell preparations containing sufficient strychnine, arsenic, or other deadly drug, to poison a whole family.

Macrotys is a valuable remedy for rheumatism, muscular pains, and also as a parturient and uterine tonic.

THE KISS OF DEATH.

G. HENRI BOGART, M. D.

TERRE HAUTE, IND.

Yes, literally, a kiss of death, a death the most loathsome, and accompanied by long-drawn periods of torture, both mental and physical, compared with which the tortures of the savage are merciful; death dealt to those who most love and trust us, and whom we would die rather than suffer to meet this hellish fate, and yet we must, through conventional dictum, or mawkish prudery, suffer the cause to run rampant, and under cover.

The serpents of India slay, annually, 20,000 persons, but the death comes in merciful quickness, while we in this enlightened civilization of which we are so boastful, allow the the manifold more numerous list to run rampant, and are expected to hold our tongues in strict leash.

I refer to the black plague of venereal diseases, gonorrhea and syphilis. Since 1880 the former has changed from a local to a constitutional disease, and the sufferer, himself supposedly cured, then marries an innocent, virtuous, loving woman, and having infected her, visits upon her the burden of sterility and invalidism.

Not to the perverted of womanhood, who in bestial desire for sexual pleasure without maternity, must we look for the majority of race suicide, but in the husbands whose vas deferens have been occluded, or to those women who have had the obscure form of the gonococci infection implanted in normal marital intercourse, and have suffered resulting ovarian, or fallopian inflammation, must we lay the majority of sterility.

Dr. Prince Morrow, the veteran medical pioneer for social decency, says: "We may well ask why certain infectious diseases are elevated to the dignity of a danger to the public health, and every effort made to prevent their spread, while another class of diseases, compared with which the morbidity of the former is but a mole hill to a mountain, is completely ignored."

And then he went to the health department of New York City, and asked that literature pointing the grave danger of this class of infections be sent out to the young, but from administration after administration he was refused, on the ground that such circulars "would offend the moral sensibilities of the community."

Dr. J. N. Hurty, the radical reformer of the Indiana State Board of Health, went before the legislature and asked for an appropriation for a similar circular, and

Digitized by Google

was refused, for the same reason, and then, determined not to be balked, took from his contingent fund the necessary money, and had the circulars printed at the shop of a State institution, where printing is one of the trades taught to the inmates, and issued the circular, which is now in its sixtieth thousand, and the public greedily seeks its information. This circular can be secured by addressing the State Board of Health, at Indianapolis, and enclosing a two-cent stamp for postage.

Allow me to relate a typical case: J. M. was a young man of one of the oldest of the leading families of the community, and was "one of the boys;" a splendid young man, and while "sowing his wild oats," contracted a gonorrhea, which was supposedly cured. He entered a profession, and soon established a reputation as a leader, though he manifested a tendency to ill health, which was a puzzle to those who knew the vigorous stock from which he sprung. He married a beautiful, talented girl, and after a while she went to the operating table; her ovaries were removed, and her health was shattered. Then, ere he was forty, a common and relatively trivial ailment cost his life, and the microscope showed the presence of the attenuated or latent virus of the boyhood gonorrhea. The childless widow went to reside with her mother—in this refuge she was fortunate—and the hellish germs had accomplished their horrible mission, after lo, these many years.

A law compelling him to have had a competent bacteriological examination before he secured his marriage license would have revealed to this young man his true condition, and he would have been cured before exposing her whom he loved so well, to living death, and himself from a premature grave at the period when he was of most use to the world, and she would have given to the same old world what it so much needs, progeny from its best blood. As it was the minister's "What God hath joined together," became, instead of benison, a death sentence, compared with which the ukase of banishment to Siberia had been mercy.

We know that at least four of every five adult men in the United States contract gonorrhea at some time in their lives, and farther, that at least 80 per cent of all the women who are sent to the operating table for pelvic surgery, are sent there because of infected conditions from venereal, and the recording angel only may know the countless hundreds of thousands of women who suffer in unexplained, and far too often in unchronicled woe.

Paresis and locomotor ataxia are most generally the literal after-clap of venereal infection, and insanity, according to Dr. Givens, has increased 97 per cent where the population has only increased 53 per cent, or the rate of insanity is increasing 183 per cent of the population increase, and this through alcoholism and venereal poison, the latter being largely in excess.

I have entitled this paper "The Kiss of Death," and the fact remains unchallenged that the worst sufferers are the innocent, virtuous women, and their offspring, poisoned before birth by loving fathers; but my title line will apply farther, for it is to the Judas kiss of the courtesan (whether for hire or for lecherous abandon) that we must turn for the original infection.

Now for another illustrative case: A gentleman, he stands high in the social and the business world, was called from home the past winter by a business trip of several weeks' duration, and on his return went to his wife with a story of having been late at night in a small town, where he had to accept the only bed that offered, and that in the morning after he had found the sheets badly soiled, and that from this he had contracted a gonorrhea. The wife believed him but the disease proved stubborn and the attending physician wrote me as to the case. From some of the conditions given I at once decided that there was an old constitutional clap fired with a recent infection and demanded the confidence of the patient.

I have not seen him but had smears made for the microscope and these confirmed the diagnosis. The patient adhered to his story relating that he had not had coition for two weeks prior to the appearance of the discharge and as for a latent case that was impossible as he had had no other infection for fifteen years and that before his marriage. With this clue I advised a treatment which set him free of the taint but here follows the horror of it all. The wife is a woman of splendid mentality and physique, one of the best equipped for maternity, but she is childless, though the hope for offspring is an obsession with her.

The kiss of death in this case went into the future and slew the unborn children that should have graced this home and come into the public well equipped with the best of heredity and training, and it will never be, because Prudery has issued the dictum, "It is not nice to talk about such things." And that splendid woman, de-

Digitized by Google

votedly loving her husband, wrote asking as to her sterility: "A beautiful home, with the free wild birds amid its greenery, with books and music and pictures, with kindly friends and a husband who loves me devotedly—so the world says—but never a curly head on the pillow, never a bump to kiss away, no patter of little feet, and then, when they hang crape on the door for me, oh, doctor, there will be no record of my life to leave in the world, no minds that I have borne, and train and—doctor, is there no help?"

There are those who claim that the suffering from the venereal diseases is the just punishment of those who have sinned, that Ehrlich's great discovery of a cure for syphilis is the most terrible menace to morality that has yet been accomplished, as it makes vice relatively safe, that the guilty should suffer, etc.; forgetting that the worst of the evil is the burden laid upon the innocent, as the two cases just given indicate, that the individual does not in this day exist for himself, but for the race, for the community, and that we all suffer for the evil that comes to any one of us.

The same ethics of Christianity that raises objections to the study or the cure of venereal disease is founded upon two vital conditions, two wonderful, beautiful thoughts: "Love thy neighbor as thyself," and "I am my brother's keeper."

Gonorrhea and syphilis kill more than all the other infectious diseases, and one of the feeders of tuberculosis is this same curse, for the patient whose vitality has been sapped by the insiduous poison is a fertile field for the operation of the bacillus of the minor ailment.

Then let us as intelligent, honest citizens meet this grave menace honestly, and spread the knowledge that shall at least fortify the marriage bed from its onslaughts.—Medical Summary.

Soda Misbranded, is Charged.—Adolph F. Meyer, State Food and Drug Inspector, June 14th obtained nine warrants against Jacob Schucart of No. 1311 North Leffingwell avenue, charging him with selling impure soda water and misbranding it. The warrants are made out in two counts. One count charges he sold impure soda, containing saccharine, and the second alleges he misbranded the "pop." The offense was committed, it is alleged, during circus week in April. Assistants to Mr. Meyer bought nine bottles of the soda, which was analyzed by S. E. Moody of the City Chemist's office.

TREATMENT OF SHOCK.

WILLIAM FRANCIS WAUGH.

CHICAGO, ILL.

Professor of Therapeutics Bennett Medical College.

Dr. Bowers' thoughtful paper in the Fortnightly for May 25, affords a faithful picture of current opinion upon shock. This perilous condition is an acute cerebral anemia due to capillary spasm; it is a vasomotor paralysis with capillary dilatation; it is essentially lowered vascular pressure with peripheral dilatation; it is arteriole spasm, due to hyperirritation of the sympathetic nerve. We very frequently see cases wherein vascular paresis with hyperemia at one point is balanced by vascular spasm with oligemia in another; but by no stretch of fancy can we conceive of the same set of vessels being relaxed and contracted at the same time.

We take refuge in the phenomena presented clinically—facial pallor, lowered temperature, especially of the skin and extremities, relaxed vascular tension, slow respiration from deficient nerve stimulus, soft pulse, weak cardiac movements, and sluggish or benumbed cerebration. This is the usual clinical picture, and it presents a state in which the demand upon the doctor is imperative, for intervention prompt, powerful, and directed straight to the point where it is needed.

The case bristles with perils; but the central point for first attention is the brain. Arouse the cerebral centers to activity and the peripheral nerves will respond. The prime need is for blood enough in the brain to awaken it to functional activity, and this is precisely what glonoin gives it. Spasm or paresis, glonoin floods the brain with blood, and action follows. This is the one remedy that acts more quickly by mouth or stomach than hypodermically. Drop it into the mouth, and within a half minute the face flushes and the brain is aroused to action.

The effect is evanescent, subsiding within a few minutes, but by that time the immediate danger is over, and we have had time to get up our next reinforcement. This is hyoscyamine, which is preferable to atropine because the former acts somewhat more speedily—though either will do. They forcibly dilate the capillaries of the brain and skin, confirming and prolonging the effect commenced by glonoin; and, releasing the blood from the great splanchnic receptacles, attract it to the localities where it is needed.

Finally we add strychnine, to energize

Digitized by Google

all the vital powers, increase the effect of the other two remedial agents, reassert cerebral control, especially stengthening the enfeebled respiration.

The secret of effective intervention lies in the dosage. It is so easy to overdo here, especially if the doctor gets flustered and goes to pouring in his remedies unsparingly. Crile was right when he warned against overdoses of strychnine, and they were wrong who thereupon laid aside this priceless remedy altogether.

Of each of the members of this triad—the most successful prescriptions always contain three remedies—a dose of one-fourth milligram, or 1-250 grain, is enough. Give this every five or ten minutes till effect, according to the urgency of the symptoms, until the face flushes, and you have won the fight. It matters not whether you look on shock as simply a cerebral anemia or a vasomotor paralysis, a state of lowered blood pressure or what—the symptom-complex is effectively met by the combination suggested. Even as to the increase of the density of the blood, mentioned on page 202, one remedy suffices; for as the blood is actively attracted into the capillaries (hyoscyamine increasing capillary attraction), this tends to attract any exuded serum back into these vessels.

This method is theoretically correct; it is quicker, more decided, easier applied, than any of the indirect methods usually employed; and in a case where every second counts, this is not to be ignored. If we do not comprehend the nature of the malady and the action of our drugs sufficiently to warrant us in utilizing them, how much better off are we in these respects, when we substitute the less direct and effective non-drug remedies?

Subscribe for the Medical Fortnightly.

Gratitude.—Dec. 15.—"Doctor, if you get me out of this I will willingly give you all of my earthly possessions."

Jan. 15.—"Mary, what do you think of that robber sending me a bill for $20 for ten visits?"—Baltimore Sun.

Kaolin is a clay caused by the decomposition of feldspar. It is much used in the manufacture of earthenware. Derives it name from Kaoling, a hill in China, which is composed of it, and where the Chinese first used it in making porcelain ware. Large beds of kaolin are found in China, Japan, Germany, France, Great Britain and in many parts of the United States.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Meeting of the American Medical Association.

Just at this time there are great things happening in the city of Los Angeles, and while we are glad that a considerable number of our readers are participating in the meeting, our predominant feeling is one of self-commiseration that we have been hindered from being present. In making for exact justice to the individual member it is doubtless the only right thing that an occasional meeting should be placed in the distant cities of the country, but the large number welcome the years of accessibleness. No city in the geographical or population center of the country would, or could extend such a welcome to the association as that which Los Angeles is doing, but any one of the several would be called upon to entertain a considerably larger number of the membership, and the benefits of such attendance would be just so much more far-reaching. But the east and the middle west get their very fair proportion of consideration and the general good is splendidly served in the present scheme of apportionment of meeting places. They are having a great time at Los Angeles and we wish that we were there.

Rat Extermination.

Several times we have expressed ourselves with more or less emphasis on the subject of the pest of rats and vermin which seems to be a characteristic of every city and town, St. Louis not excepted. The far east and our Pacific Coast have discovered the menace of these pests and have already taken strenuous steps to insure their elimination. It would seem that so awful a thing as a visitation of the bubonic plague may serve a good purpose, it doubtless remains for cities and towns east of the Rockies to be visited before they will awaken to a regret that they did not seriously undertake this work before the

Digitized by Google

plague came. More than once citizens of St. Louis have felt the importance of rat extermination and have endeavored to start a rat killing day, but they have only succeeded in getting themselves cartooned and their endeavor ridiculed, nothing really effective has yet been accomplished, and the rats in thousands still infest our alleys and waste places. Years ago there was a price on the heads of wolves, later local governments have placed a like price on crows and even English sparrows, not because they are a menace to health and life, but because they are a nuisance and lessen the agricultural output; by the same reasoning which has prompted these bounties, how quickly a community could be ridded of rats were it possible for the boys during the limited period of the summer's vacation to realize even so small an amount as a cent for each head for rats killed. A thousand dollars spent in this way in St. Louis each year might save the expenditure of many thousands and numerous lives, all in a few weeks, later. One of these days the plague is going to awaken again and should it come here it will be too late to accomplish much in regrets of what we might have done had we but had the foresight.

The Present Status of Salvarsan.

It is quite surprising that so radical an innovation in therapeutics should have been accomplished with so few accidents and with as little commotion as has been the case with salvarsan. There is such a sameness in all the reports of its use that the average clinician feels that there is nothing left for him to say and he consequently contents himself in quietude and good works. It is remarkable that this remedy has been used so many times and that so seldom anything out of the ordinary has occurred; probably this is largely due to the very explicit directions for use which were forcibly impressed on the profession at the outset and which have been very generally followed. Many of us considered this remedy with considerable skepticism at the start but presently gave it a trial and have come through results to believe in its adoption in every suitable case. Unlike some enthusiasts we are not yet proclaiming it an immediate cure we are content with the rapid disappearance of troublesome symptoms and apparent cure; whether this apparent cure is of permanent character alone can say but the indications are that in many cases it is. Untoward effects from the use of salvarsan are so exceptional as to be no contraindication in most instances they point to carelessness either in the selection of the case or in the administration of the remedy. Salvarsan is not a remedy for office use despite the fact that not a few physicians are so employing it, this sort of over-familiarity with it is bound sooner or later to lead to serious consequences and may cost lives. In hospital surroundings there may appear to have been no occasion for having taken the patient there but in the fact that you have safeguarded him and yourself both should be content.

Salvarsan has certainly come to stay. Even though it is only partially what the enthusiasts have claimed it it is tremendously much and should be exhibited whenever indicated.

ST. LOUIS ITEMS

Dr. R. B. H. Gradwohl and Mrs Gradwohl are at present in Berlin, having spent about a month in Paris as planned; they will remain in Berlin some time.

Dr. Edward L. Cooley, lately returned from an extended time of study in Europe and has opened an office in the Lister Building. Dr. Cooley is limiting his practice to pediatrics and orthopedics.

Dr. Harry F. Graul and Miss Alice Hafner were married on June 14th in this city. Mrs. Graul was formerly a nurse at the Lutheran Hospital, where Dr. Graul was house physician and the acquaintance begun there has cost the nurse's profession one of its number.

At its meeting on June 14th the Council of the St. Louis Medical Society completed its labors until after the summer's recess. A surprisingly large amount of business was turned out at this time and the gentlemen of the Council go to their vacations with a feeling of considerable satisfaction with their record for the six months.

The River Excursion - A Correction.— Through an error we stated in our last issue that the river excursion of the Medical Society of City Hospital Alumni was to be June 13th, which is a month from the fact. The excursion is to be on the evening of July 13th. Medical men and their families are invited. Tickets are 50 cents, the proceeds to go to the St. Louis Medical Library.

Digitized by Google

Dr. Carroll Smith left St. Louis recently for Europe where he will spend several months in the hospitals and clinics.

New Hospital Physicians.—The Local Hospital Board at a recent meeting made the following appointments: The board reappointed Dr. A. H. Sewing resident physician at the City Hospital, Dr. T. P. Brookes resident physician at the Female Hospital and Dr. C. A. B. Haberecht, resident physician at the Infirmary. The following additional appointments also were made: Assistant dispensary physicians, C. M. Watson, A. J. Raendonck, R. G. Hall, L. Schlenkes, L. M. Daley, A. C. Henske, G. D. Royston, M. M. Meyers, J. C. Petit and William Langan, Jr.

Resident Assistant Physicians —At City Hospital, Frederic Hagler, S. S. Burns, W. A. H. Steinmann, E. E. Bullard, C. D. Pickrell, A. H. Deppe, C. A. Rosebrough, Jr., Alois E. Turck.

Female Hospital, T. F. Wier, R. M. Hardaway, A. M. Everts.

Infirmary, L. B Knecht.

Sanitarium, A. Garlitz, C. L. Sellers, B. Lenchen, H. W. Fay, J. P. Kein. J. P. Kisselm, O. J. Raeder, D. L. Fish.

Koch Hospital, T. S. Lorton and C. A. Wochenfeld.

Workhouse, E. W. Wippo.

Individual Drinking Cups.—The Business Men's League, of St. Louis has begun the distribution of glazed paper, individual drinking cups which are adorned with a message to the user. On one side of the cups, printed in red ink, is the sentence: "Drink in the facts about St. Louis printed on the other side as you use this cup." On the reverse side the following information is given:

"Do you know that the business of St. Louis has doubled in the last ten years?

"The St. Louis bank clearings for 1900 were 1,088,849,494.

"The St. Louis clearings for 1910 were $3,727,949,379.

"In 1900 the tonnage of St. Louis was 25,313,330, tons.

"In 1910 the tonnage of St. Louis was 51,918,100 tons.

"In 1900 the people of St . Louis built 2513 houses of all kinds and spent $5,916,-984 on them.

"In 1910 they built 9419 houses of all kinds and spent $19,600,063 doing it.

"The Postoffice cash receipts in 1900 were $2,031,064. In 1910 they were $4,539,-185.

"In 1900 the census valued the factory product of St. Louis at $193,733,000.

"In 1910 the census valued the factory product of St. Louis at $327,676,000.

"This was an increase of 60 per cent and not 100 per cent, but no city in the class of St. Louis has equaled that percentage of increase in the value of its factory product."

Thousands of these cups will be distributed free at the public drinking fountains and in buildings used by the general public, for the purpose of informing the residents of the greatness of their home city.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The twenty-fourth annual meeting of this society will be held in Omaha, Nebraska, September 7 and 8, 1911, under the presidency of Dr. Donald Macrae of Council Bluffs.

The presidents of the various state societies within our province have been invited to attend and will be the guests of our association upon this occasion.

The oration in Surgery will be delivered by Dr. Geo. W. Crile of Cleveland, O., and the oration in Medicine, by Dr. L. Harrison Mettler of Chicago. The mere mention of these names is sufficient to insure a large attendance on the evening of the first day.

The arrangements are in the hands of a local committee appointed by the Omaha-Douglas County Medical Society, and all members are urged to bring their ladies as special arrangments are being made for their entertainment.

Those desiring to present papers should send their title to the secretary at once, as they will be placed upon the program in the order received and the program will be limited to twenty-five papers. Abstracts not to exceed fifty words must be furnished by August 1st. Contributions from internists especially solicited. The profession of neighboring states cordially invited to attend and take part in the proceedings.

If you are not a member of this society, now is the time to send in your application. Meetings in September and March of each year. Annual dues $2; initiation fee, $1.

Headquarters, Rome Hotel. Reservation should be made early.

Chas. Wood Fassett, M.D., Secretary,
St. Joseph, Mo.

The marriage of Dr. Martin Hagen, of Soldiers Grove, Wis., to Miss Edna M. Johnson, of Cashton, Wis., took place at the bride's home on May 30th. Dr. and Mrs. Hagen sailed for Europe on June 3d.

Digitized by Google

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Progressive Medicine, Vol. I, March, 1911. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 355 pages, with 18 engravings. Philanelphia and New York: Lea & Febiger. (Per annum, in four paper-bound volumes, containing over 1.200 pages, $6, net; in cloth, $9, net.)

With each new number of Progressive Medicine we are impressed anew with the fact that the medical profession is doing great things, now and at all times; nowhere else can so good a view of what is being done be gained. This, volume I for the present year, considers Surgery ot the Head Neck and Thorax; Infectious, Diseases including Acute Rheumatism, Croupous Pneumonia and Influenza; Diseases of Children; Rhinology, Laryngology and Otology. The contributors are Drs. Floyd M. Crandall, Arthur B. Duel Chas. H. Frazier D. B. Kyle and John Rurah. Every physician who aims at being progressive should regularly read Progressive Medicine.

Progressive Medicine, Vol. II, June, 1911. A Quarterly Digest of Advances, Discoveries and Improvements in Medical and Surgical Sciences. Editor, publisher and subscription as above.

This volume of Progressive Medicine is devoted to Hernia; Surgery of the Abdomen; Diseases of the Blood; Diathetic and Metabolic Diseases; Diseases of the Spleen, Thyroid Gland, Nutrition, and Lymphatic System; Gynecology; Ophthalmology. The contributors are Drs. John Clark, William Coley, A. G. Gerster, Edward Jackson and Alfred Stengel.

Each subject is considered in the same masterful way which has made Progressive Medicine its splendid repute. It is an impossibility for the busy physician to subscribe for or read the number of journals which would be necessary did he purpose a knowledge of what is going on in each branch. Progressive Medicine does this collecting for him, furnishes an authority to sort, select and condense, presenting in sufficiently elaborated form the progress in the branch for the year ending with the appearance of the text. The publication in no sense takes the place of the two or three journals every physician should take, it rather furnishes him with a considerable amount of collateral reading in a form most serviceable for use. This number is of the same excellence as that characteristic of the series and makes a valuable addition to the working library.

Plaster of Paris and How to Use It. By Martin W. Ware, M. D., New York, Adjunct Attending Surgeon, Mount Sinai Hospital, etc. Second edition, revised and enlarged. New York: Surgery Publishing Co. (Price, cloth, square form, $1.25; de luxe, leather, $2.50)

The exhaustion of the first edition and the presistent demand for this helpful book were the incentives for this second edition, which has been completely rewritten and enlarged and thus its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embellish the book and ninety illustrations are used to more clearly put up to the eye of the reader the intent of its subject matter.

Such information as History, Materials, Manufacture of Bandages, Storage, Bandages of Commerce, Calot Plaster Bandages, the Immediate Preparation of Bandages, Application and Precaution, Removal of Bandages, etc., are all given under the contents of the Plaster Paris Bandages. Then follow such chapters as Application of the Plaster of Paris Bandage to Individual Fracture, Fractures of the Upper Extremity, Fractures of the Lower Extremity, Moulded Plaster of Paris Splints, Plaster of Paris in Orthopedic Surgery, etc., and all presented in such a comprehensive manner as to make this book of particular service to every doctor. The mechanical features of the book are decidedly striking.

Merck's Manual of the Materia Medica. (Fourth edition.) A Ready Pocket Book for the Physician and Surgeon. Containing a comprehensive list of chemicals and drugs—not confined to "Merck's"—with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.: a table of Therapeutic Indications, with interspersed paragraphs on Bedside Diagnosis and a collection of Prescription Formulas, beginning under the indication "Abortion" and ending with "Yellow Fever;" a Classification of Medicaments; and Miscellany, comprising Poisoning and Its Treatment; and an extensive Dose Table; a chapter on Urinalysis, and various tables, etc. (Merck & Co., 45 Park Place, New York, 1911, 493 pages. Sent on receipt of forwarding charges of 10 cents in stamps, to physicians, or to students enrolled in any college of medicine, in the United States.)

The above numeration of the contents of this little volume and the fact that the data has been collected from authoritative sources and is presented in a most practical manner, make it evident that this is a very useful book. No matter to which branch of practical medicine you may claim allegiance you will find points in this book which will be serviceable daily.

New and Nonofficial Remedies, 1911. Containing descriptions of articles which have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association, prior to Jan. 1, 1911. Pp. 282. (Price, paper, 25 cents; cloth 50 cents.)

This is the 1911 edition of the annual New and Nonofficial Remedies, issued by the Council on Pharmacy and Chemistry of the American Medical Association, and contains descriptions of all articles approved by the Council, up to December 31, 1910. There are also descriptions of a number of unofficial non-proprietary articles which the Council deemed of value. The action,

Digitized by Google

dosage, uses and test of identity, purity and strength of articles given.

In the arrangement and the scope of individual descriptions, the present edition does not differ widely from the 1910 edition, but it contains about twenty-five additional pages, these being required to describe the articles accepted by the Council to physicians during 1910.

Besides indicating to physicians the proprietary articles which the Council's examination has found to be honestly marketed, and containing accurate descriptions of these articles, all similar articles are arranged under group headings; thus the physician at a glance can learn that atoxyl and soamin are practically identical articles, and that arsacetin is a closely related body. Again, the several proprietary solutions of the blood-pressure-raising principle of the suprarenal gland are listed under a general title "epinephrin," and the manner in which the solutions differ from each other can be learned at a glance. In the same way, the medicinal foods are brought together and their relative value compared.

Golden Rules of Pediatrics, Aphorisms, Observations and Precepts on the Science of Pediatrics. Practical Rules for Diagnosis and Prognosis. Essentials for Feeding. Principles of Scientific Treatment. By John Zahorsky, A.B., M.D., Clinical Professor of Pediatrics, Medical Department of Washington University, etc. With introduction by Dr. E. W. Saunders. Second edition, revised and enlarged. St. Louis, Mo.: C. V. Mosby Company, Publishers. (Price, $2.50 net.)

The Golden Rule series has established itself as a definite success and no one volume contributed more materially to their popularity than did this in its first edition. Professor Zahorsky has devoted considerable time to the revision now presented and in making it he has incorporated in the text considerable matter which is absolutely new to it. The volume as it now stands is considerably increased in value and will interest not only new readers, but those who may have had the first edition as well.

Gonorrhea in the Male. A practical guide to treatment. By Abr. L. Wolbarst, M. D., New York City. Cloth, 175 pages. Freely illustrated. New York City: International Journal of Surgery Co., Publishers.

The publishers of this volume enumerate the following as features of this practical little volume, features which are readily discerned on a reading:

1. It is written especially for the general practitioner and is not intended for the specialist.

2. It is not a text-book—but a guide to the diagnosis and treatment.

3. It is not a rehash of other books that have been written in the past, but is based entirely on the large personal experience of the author. Discarded methods of diagnosis and treatment are mentioned only to be condemned.

4. It is a book of facts, not of theories.

5. Special emphasis has been placed on the diagnosis of gonorrhea in its various stages. All the known methods of diagnosis are described in detail, and illustrated wherever possible.

6. Differential diagnosis has been given a prominent position in the text. The author believes that a correct diagnosis is more than half the battle won.

7. The treatment is based on the most modern practice.

8. Nothing has been accepted as granted but what has stood the test of experience at the hands of the author.

9. The teachings are absolutely up-to-date in every particular.

10. Special attention has been devoted to the curability of gonorrhea, with reference to its influence in marriage and in the sexual neuroses.

11. The author presents this little work as a plea for more gentle and conservative methods in the treatment of gonorrhea. We quote from his preface: "He believes that considerable damage is being done by the prevalent methods of treating gonorrhea, particularly in the respect of our remedies being too strong, and being used with a vigor that is far too heroic for the delicate and inflamed tissues to bear with impunity. If this work will be accepted as a plea for greater gentleness and conservatism in our therapy, not only as to drugs we employ, but also as to the instruments we use, as well, it will have accomplished all that the author could have hoped for."

A Manual of Cystoscopy. By J. Bentley Squier, M.D., Professor of Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital, etc.; and Henry G. Bugbee, M. D., Instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital, etc. With 26 original plates, 18 of which are colored. New York: Paul B. Hoeber, Publisher, 69 East 59th St. 1911. (Price, octavo, flexible leather, $3.00 net.)

The recent rapid development of interest in cystocsopy has led the profession and students of medicine to demand books devoted to the subject which shall go sufficiently into detail that one provided with the proper instrument and a degree of surgical ability might under their guidance undertake this work with somewhat of assurance. It is to meet the needs of such that this volume has been presented and it is remarkably well adapted for the purpose. The statements are concise, and the technique described in detail is that which we have found most satisfactory after a thorough trial of other methods. While the essentials of a working knowledge of the in-

Digitized by Google

struments are set forth, the book has been kept within small compass.

The feature of anatomical diagrams accompanying the principal bladder landmarks, as depicted through the cystoscope, will be of great value to the beginner, and the colored plates of intra-vesicle lesions are particularly accurate, having been produced under the direct observation of the artist.

Clinical Treatise on Inebriety. By T. D Crothers, M. D., Superintendent Walnut Lodge Hospital, Hartford, Conn., etc. Cincinnati, Ohio: Harvey Publishing Co., Medical Book Publishers, Merchants Building. (Price, $3.00, express prepaid.)

To Dr. Crothers more than any other American physician is credit due for the increasing interest of the profession in inebriety and its recognition as a disease. For thirty-odd years Dr. Crothers has been devoting his great energy to this subject from both medical and sociologic points of view and he is beginning to see the light of a new interest in it on many sides. Probably no other than Dr. Crothers would have attempted this volume at this time, but the doctor is not only an expert on this subject, he is an enthusiast as well. Contrary to our first impression on reading the title the book reads most interestingly and creates a new line of thought on this subject, to which we have heretofore given little attention; it leaves the reader with a feeling of responsibility to intelligently deal with this class of unfortunates, and it tells how to do so. We have decided that the book is tremendously well worth while, and we believe that every medical man who will give it a reading will come to the same conclusion.

If a hernia suddenly becomes irreducible, advise prompt operation; if the patient vomits, even once, insist upon it!

Aiming at Concerted Action in the Tuberculous Campaign.—At the last meeting of the Missouri Association for the Relief and Control of Tuberculosis Dr. Geo. Homan introduced the following resolution, which was unanimously adopted:

Resolved, as the sense of the Executive Committee that the State Board of Health be requested to consider and outline a plan looking to the co-ordination of efforts, and co-operation between the said Board, the Missouri Association for the Relief and Control of Tuberculosis, the board of managers of the State Sanitorium, and the Missouri State Medical Association to the end that the most systematic work throughout the State for the eradication of tuberculosis may be successfully carried on.

WHAT THE MEDICAL EDITORS ARE SAYING.

(Culled from the editorial pages of our exchanges.)

The Passing of the Common Drinking Cup.—Every citizen of Rhode Island who can boast even a rudimentary knowledge of sanitary laws will regard with elation the determination of the legislature to abolish the public drinking cup. It may be said also that our General Assembly, like that of Massachusetts, which dealt with this measure last year, has shown a degree of intelligence and dispatch.

In a broader aspect, however, it is a wonder that the public drinking vessel has ever survived to become a matter of legislative concern. It should have vanished, should have died a natural death, about three centuries ago, when a squeamish queen ordained the fork successor to the fingers and damask napkins gradually displaced the convenient dog's back at table. That was the dawn of daintiness, but unfortunately the Western world has been slow to perceive that daintiness is only a phase of self-preservation. The Oriental, in his prismatic display of faults and virtues, was adjured of Buddha to drink only of running water and to carry his own cup. In India the rules of caste have operated similarly, and your Brahman would go dry through eternity sooner than soil his lips upon the cup of an inferior. Elsewhere than by the Ganges, however, cleanliness has been confused with snobbery, and in this light the public drinking cup has remained too long the very chalice of democracy. Our fathers vented much patriotic and vituperative language on Charles Dickens when he openly put to scorn our public combs and towels, although the star abomination of that day was the tooth brush chained to the wall. This convenience escaped his attention, but was generously prevalent on the old-time steamboat lines. With the invention of the collapsing cup with which travelers protected themselves against the assorted salivas of various communities came the first commercial admission that the public at large preferred an unmixed drink. It has taken the entire bulk of scientific and proven evidence against it to drive this menace from us. Not until the actual germs of tuberculosis were found in the dregs of communion vessels and diphtheria was known to abide in the common drinking cups of school children, as well as in the mouths of healthy persons, and these with other facts were calmly, indisputably established, did any legislative body in the world take upon

Digitized by Google

itself to wrest the venomous utensil from the lips of the care-free public.—Providence Med. Jour., May, 1911.

Monkeyism vs. Vivisection.—The antivivisectionists have again rounded up their argumental thunder for the New York legislature. They command the brains of the law-making body of the state and the taxpayers' money to save the lives of their little dogs. Dogs bathed, dogs brushed, dogs combed, dogs be-ribboned, dogs scented and tinseled; cute, graceful, intellectual dogs, with valet, walking the avenue; proud dogs with noses tilted to a dignity that forbids speaking to the strolling cat or the marasmic child of the tenement, crowded to the curb in passing!

How thoughtful of these commercialized, these isimized, these shysterized, these seal outers and silk inners; the sacrificing nobles of the animalized whose higher psychic judgments are externalized through the fifth intercostal space, the direct product of their Gray below the diaphragm.

Mark Twain once said Darwinism was proven by the excess of monkey business in the so-called humanized species. As close as this relationship may be it is noticeable that scientists always prefer and do use the original pure breed of monkeys for all valuable experimentation. Flexner, surrounded by a wealth of material of the evolutionalized type, preferred the real monkey to prove to the world the exact nature of the disease, poliomyelitis that annually kills or maims thousands of children.

Metchnikoff and Roux experimentally demonstrated that the monkey of the least evolutional refinement was the least susceptible to syphilitic infection; that the higher typed anthropoid chimpanzee and those in the humanized stage of evolution were the most susceptible to the infection. Observation has demonstrated that the poverty-strickened, unrefined and uncultured laborer invests fifty cents and acquires a gonococcal culture; that the acme of the Darwinian monocled-eyed product of evolution exchanges a thousand times fifty cents for the spirochetae pallida. Its home is in high places and among the luxuriously idle.

Ehrlich's animal experimentation offers them the specific therapy, "606," a boon to humanity that should soberize practical thought in the most empty headed sentimentalist. He has no excuse for misunderstanding when he recalls the depressive apprehension of his initial lesion.

Every individual of reading age today has read much of the syphilization of humanity and more than half of the readers knew all about it, practically, without reading. It was known a thousand years before Christ, but is a thousand times better known since the time of Christ, though two thousand years of much experimentation were necessary to acquire this knowledge and the experimental blessing of Ehrlich's "606."

Of all the states in the Union, New York should be the last to turn her monocled-eye, lift her idle hands and pour out her empty sentiment to heaven against scientific experimentation, intended only for the relief of her sins; with her enormous poverty population, with her isolated luxurious millions, with all her cussedness; with syphilized population; with her white plague tenement incubators requiring an Olga Nethersole expose. New York should take off her hat to the cartoons of "Puck," appealing as they do for sensible laws to advance scientific study for the prevention of diseases in the future and the alleviation of many waiting sufferers.

Contrasted with the logical and intellectual teachings of "Puck" to advance true science for the ultimate good of the people is the misrepresentations of truths and facts by "Life" in its play to the galleries of public noise-makers, urging them to hasten into the Valley of Neglect where the skeletons dance while the consuming fire of disease burns on and on and on! And for what? For self-aggrandizement and what there is in it for "Life?" Cannot "Life forget self long enough to broaden out mentally and financially, and boldly champion the truth of science for the good it bears man, regardless of any pecuniary issue? If not then will Life's acts advance the cause of death and will death mean sustenance to Life?—S. G. B. in Med. Herald, May, 1911.

Fee-Splitting.—Fee-splitting has been condemned by the profession from time immemorial, as this practice places the profession in an unsavory light. It is wrong, both ethically and morally, because the patient is not cognizant of the transaction between the surgeon and the doctor who refers him the case. Moreover, an unprincipled physician will be guided in referring his work to the man who divides his fee, regardless of that one's capabilities for the character of work in view. Those in favor of fee-dividing claim that the emoluments of the physician and the surgeon are entirely out of proportion to the value of services rendered by the two; that it requires as much judgment to make a diagnosis of

Digitized by Google

appendicitis as the actual operative procedures, and that there is no earthly reason why the medical attendant who makes a correct surgical diagnosis should get for the same perhaps two dollars and the surgeon to whom the patient is referred one hundred and fifty. These men justify their practice of fee-division on this principle. We admit that surgical fees and medical fees are entirely out of proportion, and that some equitable adjustment of the same should be arrived at, but not in the manner of the stealthy fee-splitter, who is ashamed to let his professional brethern know that he is a party to the practice. Is there any circumstance under which fee-division is justifiable? We think there is. If the family physician frankly tells his patient that the operation which he is about to undergo will cost him two hundred dollars for professional services, a certain proportion of which is to go to the surgeon and the other to himself, his patient will be fully aware of the transaction, and both the surgeon and the physician will be adequately compensated for their-trouble. Be this as it may, time will correct the difference, for each year there is being poured into the medical profession a host of capable young surgeons. These men are bidding for work; competition is therefore becoming more and more acute, and along with it a gradual lessening in the surgeon's income. With this decrease the enormous difference between the surgeon's and physician's income will cease, and with it the practice indulged in by a very small proportion of the profession of division of the fee. —Maryland Med. Jour., May, 1911.

Wholesome Food and Backward Children. —The University of Pennsylvania will conduct a psychologic clinic this summer and the effect of wholesome food on backward and mentally deficient children will be one of the special studies of the course. Mrs. Louise S. Bryant, of the Russell Sage Foundation, New York, who has made a special study of dietetics, will conduct these experiments. Working with Mrs. Bryant in the school attached to the clinic will be Miss Elizabeth Farrell, in charge of the ungraded classes in the New York public schools, and two specialists in the training of backward children, Miss Walsh and Mrs. Pfeifer, of the Russell Sage Foundation. Beside the work in the clinic and school, the parents of the children will be visited and instructions as to the selection and proper preparation of food will be given.

PHARMACY FOR PHYSICIANS.*

(Continued from page 217.)

SUMMARY OF INCOMPATIBILTIES.

Magnesium Sulphate. (Epsom Salt.) With tartrates, alkalies, sulphites, arsenates, silver nitrate, carbonate, lead acetates, phosphoric acid, lime water, phosphates.

Methylene Blue. With potassium iodide and reducing agents.

Morphine Salts. With the salts of iron, manganese and silver, potassium chlorate and permanganate, nitrites and nitrates, carbonates of the alkalies and the earths, amyl-nitrite and bitter almond water.

Nut Gall. With spirit nitrous ether, ferric and metallic salts, solutions of opium, iodine, limewater.

Opium. (See codeine.)

Oxymel Squill. With ammonia carbonate and other alkaline salts.

Pancreatin. With alkalies and acids.

Pepsin. With alkaline substances, alcohol and tinctures in general.

Phenacetin. With phenol, naphthol, chloral.

Phenol. (Carbolic Acid). With thymol, naphthol, albumin, terpin hydrate, acetanilide, sodium phosphate, acetphenetidin, resorcinol, antipyrine, pyrogallol, camphor, camphor monobromide, potassium permanganate, collodion, phenyl salicylate, ferric salts, menthol, hydrated, exalgine, sodium salicylate urethane.

Phosphorus. With hydrochloric acid, potassium permanganate, gold salts.

Physostigmine. (Calabar Bean.) With atropine, chloral, strychnine.

Picrotoxin. With tannic acid, emetics, chloral hydrated, stimulants.

Pilocarpine Hydrochloride. With alkalies, silver nitrate, iodides, mercuric, chloride, tannic acid, calomel, potassium permanganate, gold salts.

Potassium Acetate. With mineral acids.

Potassium Bromide. With mineral acids, chlorine water, and the salts of mercury and silver.

Potassium Carbonate. With urethane, acids, metallic salts.

Potassium Chlorate. With mineral acids, tannin, catechu, sulphur, charcoal, calomel, sulphites, ferrous salts, nitritse, hypophosphites, sugar, honey and vegetable powders.

Potassium Nitrate. With silver nitrate,

* Physicians Drug News.

Digitized by Google

alcohol, potassium permanganate, lead acetate.

Potassium Cyanide. With acids and acid syrups, alkaloids, hydrated chloral, iodine, lead mercurous and silver salts, potassium permanganate, cobalt nitrate.

Potassium Iodide. With acids, and acid salts, alkaloidal salts, silver nitrate, ferric salts, potassium chlorate, spirit of nitrous ether (if acid) and salts of lead and mercury.

Potassium Permanganate. With fatty and volatile oils, alcohol, glycerin, ammonia and ammonia salts, alkaloids, sulphur, charcoal and organic substances in general.

Quinine Sulphate. With ammonia, alkalies, lime water, tannic acid, Donovan's solution, iodine, potassium iodide.

Rosin. (Resin.) With urethane, menthol, thymol, phenyl salicylate, phenol.

Resorcinol. (Resorcin.) With urethane, acetanilide, spirit nitrous ether, alkalies, menthol, antipyrine, ferric chloride, camphor, exalgine, naphthol, methacetin, phenol.

Salol. With camphor, ferric chloride, phenol, thymol, chloral hydrated, naphthalene.

Silver Nitrate. With hydrochloric, sulphuric, acetic, and tartaric acids and their salts, hydrocyanic acid, iodine, potassium iodide and bromide, antimony, carbonate of the earths and astringents tinctures.

Sodium Bicarbonate. With acids and acid salts, tannin, metallic and alkaloidal salts.

Sodium Bromide. With acids, alkaloidal and metallic salts in solution.

Sodium Chlorate. With organic matters, substances easily oxidized. Violently explosive when triturated with sulphur or phosphorus.

Sodium Iodide. With alkaloidal salts, hydrated chloral, tartaric acid, calomel, silver nitrate, potassium chlorate, metallic salts, acids.

Sodium Nitrate. With acetanilide, antipyrine, chlorates, chromates, gold chloride, hypophosphites, iodides, mercury salts, permanganates, sulphites, tannic acid, vegetable astringent decoctions or tinctures.

Sodium Phosphate. With alkaloids, antipyrine, carbolic acid, hydrated chloral, lead acteate, pyrocatechin, pyrogallol, resorcinol, salicylic acid, sodium salicylate.

Sodium Salicylate. With ferric salts, lime water, spirit nitrous ether, mineral acids, quinine salts, lead acetate, silver nitrate in solution, sodium phosphate in powder.

Spirit Nitrous Ether. With antipyrine, tannic acid, acetanilide, phenacetin, iodines, fluid extract buchu, tincture of guaiac, morphine salts, carbonates, acacia, ferrous sulphate.

Squill. With all substances containing tannic acid.

Stramonium. With mineral acids, caustic alkalies, metallic salts.

Strontium Bromide. With acids, alkaloids, salts of antimony, bismuth, copper, mercury, silver.

Strontium Iodide. In solution with alkaloidal salts, chloral hydrated, mineral acids, alkalies, metallic salts.

Strontium Salicylate. With ferric salts, mineral acids, quinine salts, silver nitrate, lead salts.

Strophanthus. (Same as digitalis.)

Strychnine. With bromides, alkalies and alkaline carbonates, iodides, ammonium chloride, salicylates, mercuric chloride, ichthyol, gold chloride, bichromates, tannic acid, cyanides, oxalic acid, benzoates, picric acid, piperazine, borax.

Terebene. With iodine, bromine, chlorine.

Turpentine. (See terebene).

Thymol. With acetanilide, antipyrine, butyl-chloral hydrate, camphor, monobromated camphor, carbolic acid, hydrated chloral, euphorin, menthol, quinine sulphate, salol, urethane, phenol, exalgine, gold salts, spirit nitrous ether.

Uva Ursi. With tartar emetic, iron, alkalies, lead, spirit nitrous ether, silver salts, infusion cinchona, gelatin, opium.

Veratrum. With digitalis, atropin, ether, all cradiac stimulants.

Zinc Acetate. With zine salts, acacia, alkalies, arsenates, carbonates, cyanides, lime water, oxalates, phosphates, sulphates, sulphides, vegetable astringents in liquid form.

Zinc Bromide. With acids, alkaloids, salts of antimony, bismuth, copper, lead, mercury, silver.

Zinc Sulphate. With milk, alkalies, sulphates, acacia, sulphides, arsenates, phosphates, cyanides, astringents, vegetables infusions, lime water, silver nitrate, lead acetate.

In some recent observations as to the acuteness of the sense of smell, it is found that in nearly every case the sense is greater in men than in women.

Digitized by Google

TREATMENT

THE DIABETIC TREATMENT OF DIABETES MELLITUS.

In the American Journal of the Medical Sciences for February, 1911, Foster admits that the dietary of the diabetic often seems to be extremely limited, and this can only be helped by variety in the manner of cooking foods. The receipts here appended are for the most part contributions from the families of patients.

Soups.—Consomme: 3 pounds of beef from the round, 1 small knuckle of veal, 5 quarts of cold water—simmer four hours; then add 1 pound each of carrots, turnips and onions cut into dice, 1 teaspoonful of salt, ½ teaspoonful of sweet marjoram, ½ teaspoonful of thyme, 1 teaspoonful of pepper corns, 1 bay leaf, 1 sprig of parsley. Simmer one hour, strain, and cool; when cold skim off the fat.

Consomme with Brussels sprouts: To three pints of hot consomme add 2 cupfuls of Brussels sprouts which have been soaked in cold water twenty minutes, and boiled in boiling salted water fifteen minutes.

Consomme with claret: To 1 pint of consomme add 1 pint of claret, 1 pint of hot water; pour 1 cupful of consomme over the yolks of 3 eggs; cook until the spoon is coated; add the beaten whites of the eggs. Mix and serve either hot or cold.

Consomme with cucumbers: To 3 pints of consomme add 2 sliced cucumbers which have been cooked one-half hour in 1 cupful of water. For the cucumbers may be substituted, red or white cabbage, cauliflower, asparagus, cooked meats chopped, or Parmesan cheese.

Tomato soup: Stew tomatoes with butter; strain, and add an equal quantity of consomme.

Jacobin cubes: Beat 3 eggs in a bowl, add some nutmeg and 3 teaspoonfuls of water; place the bowl in boiling water until the mixture thickens; cut in cubes and serve in broth.

For purees, rub through a sieve cooked cauliflower, asparagus, or tomatoes; add to 3 pints of hot consomme and pour over 1 cupful of cream in which 2 egg yolks have been stirred.

Sauces.—Cucumber sauce: Cut up 2 cucumbers in cubes after removing the seeds; stew them in 1 cupful of sour cream until soft. Stir up 1 egg yolk with 1 cupful of cream in a double boiler until it thickens; add this to the cucumbers and heat again; season with salt and pepper.

Sauce Tartare: Slowly stir 1 egg yolk, adding ½ cupful of olive oil, drop by drop, 2 tablespoonfuls of vinegar, also by drops, salt, pepper, 1 teaspoonful of French mustard, and a little parsley. Stir on ice.

Mustard sauce: 1 pound of melted butter, 1 pound of French mustard covered with broth ¼ teaspoonful of salt, 1 teaspoonful of vinegar. Take off the fire and beat in 1 yolk.

Horse radish sauce: Stir a piece of butter with 2 tablespoonsful of grated horseradish, add pepper and salt, cover with broth, and boil for one-half hour.

Brown onion sauce: 2 onions chopped and stewed in butter until brown, covered with broth, 1 teaspoonful vinegar, pepper, a clove, a bay leaf, a slice of lemon.

Sauce Bearnaise: Cook in double boiler stirring constantly 2 egg yolks 1 teaspoonful of water. 1 teasponful of butter; add one at a time 4 tablespoonfuls of butter; stir until boiling and add 1 teaspoonful each of tarragon or plain vinegar, tarragon leaves and parsley minced.

Tomato sauce: Tomatoes after being passed through a sieve are stewed in butter and covered with broth.

Mushroom sauce: Mushrooms are stewed in butter and covered with broth or gravy. Take off the fire and beat in 1 yolk.

White sauce for asparagus, artichokes, etc.: Mix 1 tablespoonful of butter, 2 yolks, and 1 cupful of cream, cold; cook in a double boiler, beat constantly until thick. Serve immediately.

Spinach pudding: Mix with 1 quart of boiled spinach 4 yolks, add ½ onion, ½ cupful of cream, whites whipped stiff, and ½ cupful of ham cut in cubes. Place the mixture in a well-buttered dish and steam in a "bain marie."

Baked cauliflower: Place soft cauliflower in an open pie dish; pour sour cream, melted butter, and Parmesan cheese over it; then bake in the oven.

Tomato jelly salad: To one can of stewed and strained tomatoes add 1 teaspoonful of salt and two-thirds box of gelation soaked and dissolved. Pour into small cups and chill. Serve on lettuce with mayonnaise dressing.

Oatmeal Muffins.—To 2 half-cupfuls of finely ground (coffee grinder) oatmeal add 1 heaped teaspoonful of Royal baking powder and and ½ teaspoonful of salt. Mix well, add 1½ cupfuls of cold water, and at last a piece of melted butter (or lard) the size of an egg. Beat well for a minute, put in muffin tins, and bake in a hot oven.

Digitized by Google

Coffee Mousse.—1 quart of thin cream; 1 cupful of strong coffee; 1¼ tablespoonfuls of granular gelatin; 2 tablespoonfuls of cold water; 3 tablespoonfuls of hot water, and saccharin to taste. Add the gelatin soaked in cold water and dissolved in boiling water to the coffee. Set the mixture in a pan of ice water and stir until it begins to thicken; then fold in whipped cream; put in mold cover, pack in equal parts of salt and ice, and let stand four hours.

Stuffed Eggs.—Mash up the yolks of 5 hard-boiled eggs with a lump of butter; thicken with Parmesan cheese, 1 raw egg, and some sour cream. Fill the whites of the 5 eggs, tops and bottoms, with this mixture, place in a buttered tin, sprinkle with cream and cheese, and bake in the oven.

Ragout Eggs.—Mash the yolks of 6 hard-boiled eggs with a fork; slice 2 onions and stew them in 2 tablespoonfuls of butter until they are soft, without allowing them to brown. Add the yolks with salt, pepper, marjoram, and nutmeg; stir in a cupful of sweet cream. Garnish the dish with the whites quartered.

Lemon Souffle.—Stir 4 yolks until they thicken, sweeten with saccharin, add the juice of half a lemon, some lemon rind grated, and 4 whites whipped stiff. Bake for ten minutes.

Wind Puffs.—For 2 wind puffs stir 4 whole eggs, 2 tablespoonfuls of sweet cream, a pinch of salt, and a little saccharin well for half an hour until the mixture is turned into a stiff froth. Pour into two buttered tins and bake in a hot oven for about half an hour. Serve hot with whipped cream.

Fish Scallops.—1 cupful of cooked fish freed from bone. Mix with 1 egg, capers, Parmesan cheese, salt, and sour cream. Butter the scallops, fill in the mixture, sprinkle with powdered Parmesan cheese, and bake in oven.

Cheese Souffle.—Grate 4 ounces of Parmesan and 2½ ounces of Swiss cheese. Stir well with 4½ ounces of fresh melted butter, the yolks of 8 or 10 eggs, and the whites beaten stiff. Season with ground white pepper and salt. Fill two small porcelain molds, bake slowly for from ten to fifteen minutes, then serve quickly.

Cabbage Souffle.—Boil white cabbage in salt water. Chop fine, then stew with an onion and pound of minced pork. Beat up 2 eggs with 6 or 8 spoonfuls of sour cream; whip 2 whites of egg; then stir the whole into the cabbage. Fill a buttered tin, sprinkle with Parmesan cheese, and bake in the oven for one hour. Serve with tomato sauce.

Coffee or Orange Charlotte.—One-third box of gelatin; ½ cupful of cold water; ½ cupful of boiling water; 3 tablespoonfuls of lemon juice; 1 cupful of orange juice and pulp or 1 cupful of coffee, and the whites of 3 eggs. Whip from 2 cupfuls of cream, saccharin to taste. Soak the gelatin in cold water and dissolve in boiling water; strain, and add to juice or coffee; chill the mixture in a pan of ice water; when quite thick beat with wire whisk until frothy, then add the whites of the eggs beaten stiff, and fold in cream. Turn into wet mold and chill.

Spanish Cream.—One-fourth box of gelatin; ¼ cupful of cold water; ¾ cupful boiling water; 3 eggs; ½ teaspoonful of salt; 1 pint of milk; vanilla, 1 teaspoonful, and saccharin to taste. Soak the gelatin in cold water, dissolve in boiling water. Make a custard with the yolks of the eggs beaten, and mixed with salt. Pour on the hot milk, and cook in double boiler until it thickens. Add the strained gelatin water, vanilla, saccharin, and the whites of the eggs beaten stiff. Mix well and turn into a mold wet in cold water. Place on ice until hard.

Boiled Custard.—The yolks of 3 eggs; ½ teaspoonful of salt; 1 pint of hot milk; ½ teaspoonful of vanilla; and saccharin to taste. Scald the milk. Beat the yolks, add the salt and the saccharin, and pour the hot milk slowly into the eggs; when well mixed, pour all back into the double boiler, and stir constantly until smooth and thick, like cream; strain when cool and add vanilla.

Snow Pudding.—One-fourth box of gelatin; ¼ cupful of cold water; 1 cupful of boiling water; ¼ cupful of lemon juice; the whites of 3 eggs; and saccharin to taste. Soak the gelatin in cold water, dissolve in boiling water, strain, add the lemon juice and saccharin, and set in ice water to cool. Stir occasionally. Beat the whites of the eggs to a stiff froth, and when the gelatin begins to thicken add the beaten whites and beat all together until very light; chill in a wet mold. Serve with boiled custard.

Coffee Jelly.—One half box of gelatin; ½ cupful of cold water; 1 cupful of boiling water; 3 cupfuls of coffee, and saccharin to taste. Soak the gelatin in cold water, dissolve in boiling water, and strain into sweetened coffee; pour into a wet mold and chill until firm. Serve with whipped cream.

Baked Custard.—One quart of milk; 6

Digitized by Google

eggs; 1 teaspoonful of salt, and saccharin. Scald the milk. Beat the eggs, add the salt, and sweeten; then add the scalded milk. Strain, add a little nutmeg, and bake about twenty minutes in a dish set in a pan of warm water or in custard cups set in water.

Almond Cake.—Beat ½ pound of butter and 8 egg-yolks vigorously for one-quarter hour. Mix 20 grammes of baking powder, 100 grammes of plasmon, lemon rind grated and the juice of 1 lemon, 1 teaspoonful of vanilla, and ¼ pound of finely chopped almonds, and add to the beaten yolks. Sweeten with saccharin, and lastly fold the 8 whites into the mixture and bake in well-buttered tin for one-half hour.

Chocolate Sauce.—One tablespoonful of diabetic chocolate in a double boiler with ½ pint of milk, and 3 egg-yolks. Stir until it begins to thicken. When cold, add a pint of whipped cream.

Pudding a la Nesselrode.—Stir 5 yolks over the fire with a little water until they thicken; add 7 ounces of finely chopped almonds, 9 tablespoonfuls of cognac, 1 tablespoonful of dissolved gelatin, and 15 whites whipped stiff. Fill into a mold rinsed with water.—Therapeutic Gazette, May 11.

BIG CHANGE IN BILL.

I never had much use for Bill; a tough old pill
I thought him. Still.
I wouldn't bear him no ill will;
I'd try to make him decent.
We none of us is such great shakes.
Most of us makes a few mistakes,
And yisterday I heard, at Jake's,
Some news he's got quite recent.
No; Bill, he ain't as black as pitch,
The news is that he's struck it rich.

Bill has his p'ints, we can't deny. He'd steal and lie
And not half try,
And look a fellow in the eye,
Particularly bold and brazin.
But land! I know that I'm no saint; none of us ain't;
We've all a taint;
The devil's black is mostly paint.
And Bill ain't had much raisin'.
But he's got p'ints and good ones, which
We'll notice, now he's struck it rich.

Bill may have been a trifle mean. His hands ain't clean
As some I've seen.
I've knowed the time I wasn't keen,
Not awful keen, to meet him.
But that's all past and gone with me; it's got to to be.
Because, you see,
I'm chairman of the comy-tee
Ap'inted for to greet him.
We'll welcome him with bands and sich,
For, somehow, Bill has struck it rich.
—San Francisco Examiner.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Dominion Anti-Tuberculosis Association.—The Canadian Association for the Prevention of Tuberculosis met in London, May 17 and 18, under the presidency of Dr. J. George Adami, Montreal. It was reported that the death rate from tuberculosis had decreased in ten years in Ontario from 11.8 per cent to 7.6 per cent. A feature of the meeting was the report on the work of the "Hygiene Nine," bands of women of nine who conducted educational classes through the medium of hygienic lectures. Municipal health officers were criticised for their laxity in promoting campaigns with regard to tuberculosis. Dr. J. George Adami was re-elected president, and Dr. George D. Porter, Toronto, secretary. The next meeting will take place in Toronto.

Digitized by Google

Drugs may be labeled as cures for man and yet be absolutely ineffective for that purpose, without violating the National Pure Food and Drugs Act, according to a decision, May 30, by a majority of the Supreme Court of the United States, in the case of Dr. O. A. Johnson.

Isthmian Mosquito Plague.—The coincidence of a plague of mosquitos and of an increase in the number of cases of malaria caused some alarm in the Canal Zone recently. The Sanitary Department of the Canal Commission after investigation has reported, however, that the insects are of the usual Isthmian variety, not stegomyia, and so far as is known not disease, carriers at all. The first rains of the season cause the eggs to hatch out in enormous quantities. The mosquitos are dark with white bands on the abdomen and legs, and are easily mistaken for the yellow fever variety.

The Pennsylvania One Board Medical Bill.—The Gegerich bill, which provides for a single board to have charge of the examination and licensure of all medical practitioners, in place of the three boards representing the States Medical Society, the Homeopathic Medical Society, and the Eclectic Medical Society, has been approved by the Governor. By the terms of the act the Governor will name before September 1, 1911, a board of seven to conduct the business under the name of the Bureau of Medical Education and Licensure, to be attached to the Department of Public Instruction. This board is to consist of the Commissioner of Health and the Superintendent of Public Instruction ex officio and five others, one to represent each, of the three societies and the other two to be named by the Governor as he pleases, provided that they shall not be members of the same society. The act also legislates out of office the State Medical Council, which has supervision over institutions conferring degrees and gives its power to the new board. Provision is also made for complete regulation and reciprocity. The appointed members are to be paid $1,500 a year and to be of ten years' practice. The act is to be in full force by January 1, 1912.

Christian Science.—Some lunatics are born, some are made and others have Christian Science thrust upon them!

As a cult, Christian Science is not new, it is as old as Mumbo Jumbo or the pyramids of Egypt. As a business proposition, it's a wonder; as a means for separating microcephalic mollycoddles from their money, it's a peach. To the really sick and suffering poor devil, it's a lemon. But, thank God, who did not invent it, Christian Science is not intended for the poor. It's a more or less harmless diversion for the hoarders of tainted money, like bestowing libraries on tax-ridden communities or founding art museums for the esthetic education of the poor.

They can afford it, and even if they forget to call in a real doctor, when truly sick, the world is better off without them.

Christian Science is too deep, too abstruse, too hard to understand to appeal to the average citizen or his wife, who it must be remembered, propagate the material from which those who really run the world are made. Like the problem of "how old is Ann" or who really discovered the North Pole, Christian Science appeals to those who really need something of the sort to keep them out of greater mischief.

It is a safeguard like Dowieism, Spiritualism and all the other "isms;" all wise provisions made by Providence to take care of and provide for those who are just natural meat for the fool killer. Christian Science does some good like a great fire, an epidemic or even race suicide.

It also serves another useful purpose—to keep well people from getting sick.

Nor does this hurt the doctor, for that class of people who are kept well by it, would, if they called him in, make the doctor wish he had gone into some other business.

As a spectacle, it is a provoking; as a psychological problem, it is interesting; but as a fact,

It is to laugh.

It beats the circus, the latest popular farce or Wall Street.

We all admire the really clever rascal, be it a he-male like Dowie, or a "loidy," like Cassie Chadwick. As it is intended for the well-to-do, it does not rob the poor. It has not attained sufficient temporal or political power to prove a dangerous coercive factor.

You can indulge in Christian Science as you can in strong drink, joy riding, chorus girls or opera singers. It amuses you—and your neighbors—puts money in circulation and you pay the bills.

It is good graft and easy money. Don't forget that. Don't envy the inventor of it—don't let it be a case of sour grapes.

Laugh at it, ridicule it, but don't persecute it, else you prolong its life and make it worse. Or, sit down, put on your thinking cap and invent something better, as a money-maker and reap the reward.—From Poor Richard's Lactopeptine Almanac, 1911.

Digitized by Google

MEDICAL MEMORANDA

The Treatment of Hydrophobia by Rabies Vaccine.

Until recently, it has been necessary to send patients exposed to hydrophobia, to a Pasteur Institute (in many instances located in a far distant city) for prophylactic treatment.

The Hygienic Laboratory of the United States Marine Hospital Service devised a method of administering rabies vaccine, whereby it could be prepared at a central laboratory according to Pasteur's method, and distributed to any part of the United States, allowing the patient to be treated by his attending physician.

Briefly, the following is Pasteur's method for preparing rabies vaccine: The spinal cord of a rabbit dead of rabies as result of an injection of a "fixed virus" (rabies vaccine known to kill within a fixed time) is removed under aseptic conditions. A cord containing the rabies virus is suspended over a layer of potassium hydroxide and kept at a temperature of 22 deg. C. from one to eight days. The virus is gradually weakened or attenuated as the cord is dried, the strength being decreased in proportion to the extent of the drying.

In the preparation of each injection, a portion of a cord in which the virus has been properly attenuated by drying the requisite number of days, is taken and emulsified by grinding under aseptic conditions with a weak solution of glycerin. The emulsion of rabies virus thus prepared constitutes the first dose.

The second dose is prepared in the same manner from a portion of the cord which has not been attenuated to the same degree, and each subsequent dose is prepared in like manner from cords containing virus of increasing potency.

The technique of the administration is quite as simple and safe as the ordinary hypodermatic injection.

H. K. Mulford Company have built and equipped special laboratories at Glenolden, Pa., and, under the personal direction of expert bacteriologists are preparing rabies vaccine after the method of Pasteur.

THE RABIES PREVENTIVE TREATMENT.

The preventive treatment of rabies, as furnished by the H. K. Mulford Company consists of 25 injections of rabies vaccine, the strength of each injection varying in accordance with the plan of treatment adopted by the Hygienic Laboratory of the United States Marine Hospital Service.

Cords with virus of various strengths are kept in constant readiness for preparation of rabies vaccine to meet all emergencies.

The vaccine is furnished in ampul and all the physician is required to do in making the injection is to mix the vaccine in the ampul through a special needle, furnished with each syringe, with the physiologic salt solution contained in each syringe, then inject the patient. The technique is as simple as an ordinary hypodermatic injection.

Special caloris vacuum bottles are used in the shipment of each day's supply of vaccine, insuring its receipt in a satisfactory condition.

Preventive treatment by rabies vaccine should be started as soon after exposure as possible. After symptoms have fully developed there is no hope for relief, as a cure for hydrophobia has not been discovered. The period from the exposure to the development of the symptoms of hydrophobia is known as the period of incubation. This varies from eight days to six months under natural conditions, although occasionally cases are reported where the incubation period is much longer.

Immediately following exposure, every precaution should be employed until it is proven that the suspected animal did or did not have rabies. Aside from cauterizing and otherwise treating the wounds, arrangements should be made at once for the use of rabies vaccine in the form of preventive treatment prepared after the method of Pasteur.

If the animal responsible for the wound or infection, is alive, it should be kept securely under observation for at least two weeks. Infection may follow from the bite of an animal apparently normal at the time of biting. Not until it is definitely known that the animal has rabies should it be killed. After the animal is dead, its head should be removed and sent to a state or municipal lab-

Digitized by Google

oratory equipped to properly examine the brain for evidences of rabies.

If proper precautions are taken and the patient immediately given the Pasteur treatment, the fatality from this terrible disease may be virtually reduced to a minimum.

According to statistics rabies is more common in the summer months, therefore at this season of the year, with danger of mad dogs running amuck, the method of supplying rabies vaccine so that the physician may administer it to his own patients, is of particular interest to our readers.

Full and complete literature on rabies vaccine will be mailed by H. K. Mulford Company of Philadelphia, upon request.

Dyspepsia.

"While many of the cases of indigestion may be traceable to faulty secretion of gastric and intestinal fluids as well as general lack of tone in the muscular structure of the tract, still the great proportion of these cases comes from eating too fast. Even under the most favorable conditions, with the best of teeth, rapid mastication cannot properly divide and break up the food particles and bring about the necessary admixture of salivary secretion. Hand in hand with hurried feeding comes over-feeding, and these two evils soon bring about pathological conditions which inhibit or prevent normal processes of digestion and assimilation. Lumps of food taken into the stomach which cannot properly prepare them for the digestive processes of the intestine, act as mechanical irritants to the sensitive gastric membrane, while decomposition and accompanying fermentation tends to further congest the lining membrane and its glandular bodies. Restoration of the defective secretion is our first consideration, and to this end the treatment is directed toward active depletion of the congested membrane by antiseptic measures which encourage exosmosis, thus increasing capillary circulation and gland activity and at the same time guard against hyperacidity. This course combined with thorough mastication of food and regularity of meals will bring about a speedy relief in a manner that cannot be accomplished by artificial digestants. Self-made dyspeptics are cured by this common sense treatment and can eat anything they may choose. Prepare the stomach for the reception of the meal in the following manner: One hour before meals take glycothymoline pure, two to four drams; five minutes later drink a full glass of hot water. In conjunction with this, and it is most important, have your patient masticate each mouthful of food taken at least twenty times before swallowing.

"When the claim is made that this will cure any case of indigestion, a fact is stated. The principle is a simple one." Glyco-Thymoline soothes the irritated membrane and through its physiological properties, produces a rapid reduction of existing engorgement by exosmosis, stimulates capillary circulation and restores normal capillary circulation gland secretion. The thick accumulations of mucus adhering to the gastric walls are dissolved and the full glass of hot water taken five minutes later serves to wash out any undissolved portions which pass off before the meal is eaten. This leaves the stomach properly cleansed and in a condition that readily allows the admixture of peptic secretion and ingested food. The frequent chewing of each mouthful of food taken is positively necessary as a large proportion of our food is starchy in character and requires complete mastication and admixture of the salivary secretion in order that the ptyalin, its digestive principle, can come in contact with and transform each particle of starch into sugar ready for assimilation.

This is a simple physiological method of aiding in the establishment of a normal condition, differing entirely from the usual method of using animal ferments to aid digestion, the ultimate result of which is to still further weaken the already partly atrophied digestive glands.

This treatment will improve and to a large extent overcome abnormal conditions, such as constipation, sleeplessness, mental depression, etc., dependent upon indigestion.—S. B. McDowell, M.D., Philadelphia, Pa.

The Drevet Mfg. Co., manufacturers of glycozone and hydrozone, New York City, has removed to new and more commodious quarters at 545-547 West Twentieth street.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX ST. LOUIS, MONDAY, JULY 10, 1911. No. 1

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

THE VERMIFORM APPENDIX; SOME OF ITS PATHOLOGY*

W. L. CROSTHWAIT, B. S., M. D.

HOLLAND, TEXAS.

When we come to write a paper on appendicitis we are reminded of a saying of Josh Billings: "It is not what we don't know, but what we know that's not so that makes us ridiculous." I hope the gentlemen here will pardon me for making positive statements concerning the appendix and its pathology which according to their mode of reasoning is not so, for it must be admitted that in attempting to arrive at a truth from a theoretical, experimental or deductive standpoint that we are all prone to error.

The wreckage of exploded theories and abandoned technic is piled mountain high along the path of modern surgical and medical progress. That which is generally accepted as truth today is looked upon with suspicion tomorrow and discarded as error the day following. The test of a theory or proof of a truth is the practical application to the condition or object to which they relate. No scientific fact which cannot be utilized can long exist. We will endeavor to confine our remarks to the discussion of facts and theories which permit of practical application to the subject of the appendix and its pathology.

The appendix is practically a diverticulum of a diverticulum or a cecum of the cecum (Paul Reclus). It is merely an anatomical vestige and corresponds to the long terminal portion of the cecum of the lower animals.

We make brief reference to the anatomy of the appendix in order to brighten our mental picture of the pre-operative pathology to which we will presently refer.

The appendix has its own mesentery or mesoappendix as it is termed. The mesoappendix is an upfolding of the peritoneum due to the blood vessels lifting up the peritoneum in a double fold as they course along during the fetal development. It comes from the lower portion of the mesentery of the ilium and in the fetus it extends to the tip of the appendix but varies in adult life extending only halfway to the tip in 50 per cent of cases, and in some cases it is almost absent. In structure it is composed of the two layers of peritoneum between which are the appendicular artery and its branches, the accompanying veins, nerves, lymphatics and lymph nodes and fat. The muscularis of some mesoappendices is developed to the extent that it imparts to them contractile properties to the extent of causing the appendix to kink and double on itself, thus predisposing to certain pathology.

As the mesentery of the appendix comes from the ilium so do the blood supply, nerves and lymphatics in the male and also in the female with the variations referred to later. The appendicular artery is a branch of the posterior ileo-cecal or, rarely, direct from the ileocolic. It courses along the free border of mesoappendix giving off from two to ten branches which run between the folds of the mesentery to supply the appendix. It is obvious that if the mesoappendix is short or absent that the blood supply of the appendix will be deficient. In such cases the artery runs along the appendix beneath its peritoneal covering from the base towards the tip, but the tip is usually very deficient and consequently poorly fortified with defensive forces. Branches of the appendicular artery often anastomose with branches of the cecal artery near the base of the appendix and it is from that we get hemorrhages

* Read before the Central Texas District Medical Association at Temple, Texas.

Digitized by Google

from faulty technic in amputating the appendix. We here call attention to Clado's ligament or the appendiculo-ovarian ligament found in the female in a large number of cases. It is a continuation of the mesoappendix to the broad ligament, being the same in structure and making a free anastomosis with the ovarian artery and a complete blending of the nerves and lymphatics of the appendix and ovary, thus bringing those two organs into close sympathetic and reciprocal relationship. In such cases the appendix subjected to participate in any irritations and infections that might affect the ovary, but finds its recompense in having a greater immunity and defensive powers given it by the greatly increased blood supply.

The veins of the appendix come from a subperitoneal plexus and are a part of the terminal portion of the portal circulation. The lymphatics of the appendix are of vast surgical importance. The capillaries of the lymphatics of the appendix begin in the submucous or lymphoid tissue of the appendix and passing through the gaps in the muscular coat to the peritoneal investment of the appendix they form main trunks which run along with the appendicular artery to the base of the same where they empty into (1) the ileocecal glandular group which is a continuation of the mesenteric group of glands and (2) into the cecoappendicular group which is a continuation of the retrocolic ganglia. We thus see that the appendix becomes like the "three-headed dog Cerberus guarding the gates of Hades," it becomes the central station for three lines of lymphatics, one directed towards the ileum and mesenteric glands one towards the cecum and mesocolic glands and the third an independent line running to the gall bladder, sometimes to the pleura and in the female through Clado's ligament to the ovary.

We thus behold the appendix, a mere anatomical vestige, placed in a position of greatest exposure and least advantage. It stands as a feebly fortified fortress with the gatlin guns of the abdominal lymphatic directed upon it. Then do we wonder that it has ever been a source of trouble to its owner, an object of suspicion and experimental endeavor to our predecessors and an organ of amusement and revenue to the modern surgeon.

To get down to basic principles the appendix plays the most important role in abdominal pathology for the threefold reason that it is very defective in structure, drainage and blood supply.

Histologically the appendix is predisposed to inflammatory and infectious processes. Structurally it nearly resembles the cecum with the exception of the greatly increased amount of lymphoid tissue beneath the mucous layer of the appendix and extending from the base to the distal end. Seemingly contrary to all other natural adjustment this lymphoid tissue with its low vital resistance and negative opsonic powers is situated where the contiguous tissues are the least able to compensate. We thus see the distal portion of the appendix where the blood supply and drainage is most deficient abundantly supplied with it, no doubt accounting for so many infections at that point. We also see the young adult, that period in life in which the lymphoid tissue is most fully developed, the most prone to appendicitis, and in later years an atrophy of the lymphoid tissue and a proportional decline in the number of infections.

The drainage of the appendix is deficient from its lumen, its lymphatics and veins. Being a long narrow tube closed at one end and guarded by a valve at the cecal orifice. The cecum being a regular incubator for bacteria it often happens that the valve of Gerlach becomes closed from contiguous inflammations causing it to swell. The pendulous position of the appendix also hinders drainage. Appendices are often found distended with mucous ideal media for the development of bacteria. The lymphatic drainage is often deficient from swelling of the tissues through which they pass and the return blood supply is retarded for the same reason and for the further reason of kinks and twists in the appendix.

The blood supply of the appendix is deficient for the reasons that the appendiceal artery is a terminal vessel many times having few or no anastomoses, in the male, and kinks in the mesoappendix and thrombosis of the vessels. With a single artery with no osmotic and anastomotic aid obstruction may mean gangrene of the appendix. Owing to the better blood supply of the female appendix we see practically few cases of gangrene of the appendix in women.

The above fundamental principles are stated in order to lay a predicate for the general statement that every infected appendix should be removed as quickly as possible, for we believe that these deficiencies are not only of etiological importance, but are of the greatest pathological significance tending to retard nature's efforts to handle the infection.

The function of the appendix is speculative and not apparent. Its sympathetic

Digitized by Google

and reciprocal relationship to the abdominal viscera is not well understood. A few days since the writer heard Dr. W. J. Mayo remark, "I wish we understood the relationship that infections of the appendix and gall bladder bear to each other. From a histological standpoint we would reason that played some role in the process of digestion and assimilation and we can not reason that this is not true because its removal or obliteration does not affect these processes for its deficiency is probably compensated by the cecum and other reciprocating organs.

We know that the appendix is lined with a mass of glands and follicles which up to the time they are obliterated by the degeneration of the mucous and submucous layers secrete a mucous which is continuously being forced out through the valve of Gerlach into the cecum, unless the lumen or orifice of the appendix becomes obstructed by a twist or kink, edema, fecalith, swelling of the valve or pressure from fecal impaction of the cecum or other pressure. If this mucous becomes stagnant it furnishes a splendid media for the development of bacteria. Talamon states that if the lumen or orifice of the appendix is obstructed that the glands of the mucosa become hyperactive throwing out a more abundant secretion causing distention of the walls and occlusion of the blood vessels and lymphatics. It is a well known fact that when micro-organisms are retained under pressure that they become more virulent and in this connection we emphasize the fact that when an infected appendix ruptures it does so from the effect of pressure from within it thus sets free in the abdominal cavity bacteria with very great virulency the patient is made ill quickly from the absorption of toxins resulting from the splitting up of the toxic germs as they rapidly enter the system because suddenly coming in contact with tissue which has not established a resisting leucocytosis.

The fact that we have acute cases of appendicitis attended with rupture almost with the beginning of the attack would indicate a pre-existing infection of a most virulent nature. How long a time the distal portion of the appendix might contain even a virulent infection without giving rise to constitutional symptoms and how long it might contain a culture under comparatively high pressure is problematical, we often find appendices in acute, subacute and interval cases which appear to be at the point of rupturing. It is well to bear this point in mind when we counsel a delay in operating on a typical case of appendicitis.

Dieulafoy takes the position that all cases of appendicitis are due primarily to the closure of the orifice or obliteration of some portion of the approximal end of the lumen. Whether this is true or not we must admit that any condition which would bring about a venous or lymphatic stasis or interfere with drainage from the lumen would favor the development of appendicitis by establishing conditions most favorable to the development and growth of bacteria. We are all familiar with the text-book classification of appendicitis which from a clinical standpoint are acute, subacute and chronic and from a pathological standpoint are catarrhal ulcerative and gangrenous. We are forcifully struck with the classification of Dr. Robt. T. Morris, in a paper presented at the International Medical Congress, at Budapest, in 1909, in which he groups all types of appendicitis into two major classes of two subdivisions each. He thus says that we have two kinds of appendicitis with irritative lesions without infection and two kinds of lesions with infection. The first irritative lesion he terms protective appendicitis. From his splendid description we recognize the type discussed and classified by Dr. Senn as "Appendicitis Obliterans." It is a pathological change taking place during the natural or normal involution of the appendix due to irritation of the end nerve filaments and atrophy of the terminal vessels in the mucous and submucous layers and causing a replacement of those tissues with a contractile hyperplastic tissue invulnerable to infection. Probably more lives are saved by this "Nature's operation" than are saved by the surgeon. This type of appendicitis is easily recognized clinically and cannot be misdiagnosed by inspection. Such appendices may give rise to very disagreeable reflex symptoms and to pain owing to impingement of contractile tissue on nerve filaments, but rarely to the extent of justifying operation. Many authors maintain that obliteration of the lumen occurs as a physiological involutionary process. With this idea we cannot agree, rather believing in the deductions of Dr. McCarty, pathologist to St. Mary's Hospital, that it is dependent on a definite inflammatory reaction. This inflammatory reaction being due to irritations.

The second type is an irritative lesion, he terms "Syncongestive Appendicitis" it being an irritative lesion due to serous infiltrates in the tissues of the appendix and occurring synchronously with other conges-

Digitized by Google

tive lesions involving contiguous tissue. This condition is produced by any pathology which would cause engorgement and stasis of the ileocecal or mesenteric group of lymphatic glands, or from anything that might make pressure on the mesenteric veins or on the subperitoneal plexus from which the appendiceal veins come. Dr. Morris also points out that "the condition is found in the so-called lithemic swelling of lymphoid structure of the bowels."

The two types showing lesions with infections Dr. Morris terms "Appendicitis with intrinsic infection" and "appendicitis with extrinsic infection." It seems that a better term would be "endogenous infective appendicitis" and "exogenous infective appendicitis."

The first type is dependent upon any cause producing rapid swelling of the inner coats of the appendix within the closed outer coat bringing about an anemia of the tissues rendering them vulnerable to bacterial invasion. This is the type of cases where from the slightest foci the most virulent infection will quickly develop and being retained under pressure its virulency is greatly increased producing the most dangerous condition that we are called on to deal with within the abdominal cavity. It is this type of case that will easily rupture emptying its infection into the abdominal cavity and overwhelm its phagocytic powers before it can establish an immunity. It is this type of cases that we have the gangrenous appendix.

The other type of infective lesion or "the exogenous infective appendicitis" is a type of appendicitis in which the lesions are due to pathology and infections originating without the appendix the infection approaching from without slowly enough to allow the tissues of the appendix to establish a degree of immunity. In this class come all those infections from the gall bladder, pleura, ovary and other abdominal abscesses also those cases classed as typhoid and tubercular appendicitis.

To enter into a full discussion of the characteristic symptoms and differential diagnosis of these different types of appendicitis would require a book of considerable size. I have no inclinations to write a book prefering to leave that to "mine enemies."

We will content ourselves with a few observations on the diagnosis and management of acute appendicitis, or that type of cases which we have tentatively termed "endogenous infective appendicitis." This type of appendicitis probably represent about 10 per cent of all cases, but it is the class from which we get our mortality and that calls forth the keenest discrimination in diagnosis and treatment. The diagnosis of acute appendicitis with and without perforation is clean cut and subject to less symptoms to be differentiated than any other lesion of the abdominal cavity. The distinctly diagnostic symptoms of acute appendicitis are, in the order named: (1) pain; (2) nausea; (3) abdominal tenderness and muscular rigidity; (4) fever; (5) leucocytosis, and (6) tumor. In a typical acute appendicitis or "endogenous infective appendicitis not a one of these symptoms are absent.

These symptoms are obviously late symptoms. When they are present and in the order named we know that we have an acute appendicitis and that prompt surgical relief is indicated. In this enlightened age when the pathology of the living is so well understood, and since the pathology of the appendix and the diagnosis of appendicitis has been so well worked out by our surgeons who have operated upon their thousands of cases in all stages it seems superfluous to recite symptoms the ubiquity of which is conceded, it would appear as reasonable to say that a lacerated perineum was a sign of pregnancy as to say that a well-defined abscess in the right iliac space was a sign of appendicitis, especially with a clear history of both cases before us. A novice in diagnosis is able to make out a case of pregnancy when he is able to demonstrate a kicking tumor and hear the fetal heart sounds, especially when all the concomitant symptoms are present and it is hardly more difficult to diagnose a case of appendicitis when we can make out a well-defined localized area of inflammation at McBurney's point with tumor, muscular guard, when all the accompanying symptoms of acute appendicitis are present. This is not said in a spirit of depreciation of the diagnostic ability of the average general practitioner, for as a rule most cases of acute appendicitis are diagnosed when the case has fully developed, and many cases are held up as suspicious cases from the onset of the acute attack. But, gentlemen, if close attention was paid to inaugural symptoms and an analytical study made of the anamnesis of those patients coming to use with a history of acute paroxysms of pain in the region of the appendix followed by localized tenderness and digestive disturbances we would certainly be able to diagnose many attacks of acute appendicitis without waiting for the development of the other five cardinal symptoms, towit: nausea, ab-

Digitized by Google

dominal tenderness and rigidity, fever, leucocytosis and tumor. We take the position that the differentiation from other abdominal lesion is based on fact of whether other symptoms precede or follow that of acute pain. As has been pointed out, every type of appendicitis except the one we have termed and described as "endogenous infective appendicitis" takes care of itself. In other words, in every other type of lesion a protective leucocytosis is established synchronously with the development of the infection.

We digress here to say that it is in the types of cases other than the acute "endogenous infective appendicitis" that we get such brilliant results in the application of what is known as the Ochsner treatment described by Dr. Ochsner in 1904. We would not discount the efficiency of the Ochsner treatment when properly applied, but would suggest that we should not permit it to take precedence of prompt surgical treatment in acute progressive cases. We would suggest also that mortality statistics in appendiceal work are useless unless the types are specified. In the hands of the modern discriminating surgeon the mortality in the irritative types of appendicitis should be practically nil and in the "exogenous infective appendicitis" it should be less than one per cent. But in the hands of the best surgeons the death rate from the so termed "endogenous infective type" will be greater. But taking all cases as they come and giving surgical aid to those requiring it at the very earliest moment the mortality should not exceed one per cent.

RECAPITULATION.

1. The appendix is an atomical vestige.
2. Its function is not fully known.
3. The appendix is anatomically and histologically prone to inflammatory and infectious lesions for the threefold reason that it is deficient in structure, drainage and blood supply.
4. The obliteration of the lumen of the appendix is not a normal physiological process but is dependent on a definite type of inflammation used to irritation of terminal nerve filaments.
5. Four types of pathological lesions are recognized, two of which are due to irritation and two are due to infection.
6. The symptoms of acute appendicitis are pain, nausea and vomiting, abdominal tenderness and rigidity, fever, leucocytosis and tumor, occurring in the order named, and pain being the inaugural symptom.

THE PRACTICAL VALUE OF LIP-READING.

MAX A. GOLDSTEIN, M. D.

ST. LOUIS.

As the progress of otology develops more positive data and the functional tests for hearing approach more nearly the character of an exact science, we are placed in a better position to classify that large group of cases of pronounced deafness which have been heretofore so vaguely disposed of by the otologist.

The classic and valuable investigations of Riane, Weber, Politzer, Bezold, Lucae, Gelle, Koenig, Schultze, Barany, Schwabach, Gradenigo, Bing and others, have resulted in our present well-developed system of functional tests for hearing whereby we are enabled to determine not only the differentiation of affections of the sound-conducting mechanism from those of the perceiving apparatus, but also the finer distinctions between ankylosis of the ossicles, impairment of the membrana tympani, fixation of the foot-plate of the stapes, and various adhesive processes on the one hand, and oto-sclerosis in its various manifestations and still unknown pathology on the other.

Clinically we know that the various adhesive processes and similar pathologies of the middle ear are often still amenable to treatment and that oto-sclerosis has thus far defied every therapy of the resourceful clinician.

Not only are the results obtained from carefully conducted functional hearing tests a factor of more accurate diagnosis, but we are also placed in a position to prognosticate the future of profoundly impaired hearing.

Let us assume that the patient before us presents the following hearing-test record; greatly diminished perception for both high and low tones of the tuning fork series in both ears; conversation and whisper voice heard only at short range; a 60-inch watch heard at one inch from the meatus; add to this a high-pitched tinnitus, Paracusis Willisii and occasional vertigo and you have a clinical picture of definite oto-sclerosis. This patient asks your final advice as to his condition and depends on your dictum for the furthur disposition of his case. In all sincerity you must admit your impotency to help him further by any method of otologic treatment known to you. It is unfortunate that in such a case we are compelled to confess to the patient that we can offer him no further aid, that we have reached

Digitized by Google

the limit of our scientific possibilities and that his defective hearing is destined to remain a permanent handicap to his well-being.

There is one hopeful outlook, however, which seems to be developing as a scientific evolution and which the otologic world is destined to recognize as a practical solution of this problem and that is the form of special education known as lip-reading, or, in its broader appellation, speech-reading.

Lip-reading is not a recently developed aid of the deaf, nor is it a new system of special education. There are authentic records that systematic instruction in this art have been attempted in Europe as early as the 16th century. Dr. John Bulwer, in 1648, refers to "that subtle art which may enable one with an observant eye to see what any man speaks by the moving of his lips." In America, John Braidwood instructed in lip-reading, in Virginia, in 1812. In 1841, Dr. Schwartz, of Dresden, published the first work in Germany relative to lip-reading, a small volume entitled "Lip-reading as a Substitue for Hearing and as a Means to Compensate as far as Possible, the Deaf for the Loss of the Sense of Hearing." The evolution of lip-reading as a systematic training arranged on scientific and phonetic principles, is of more recent origin and in its present stage of development offers to the deaf and the partially deaf, opportunities for social intercourse which may largely compensate for the impairment or loss of such an important sense-organ as the ear.

There are two classes of the deaf to whom this course of special training is applicable; the first comprises all types of the congenital deaf who have never heard the sound of the human voice and the large group of cases in which total deafness has developed before the eighth year or where the acquisition of speech and language has been forgotten.

In the development of our system of education for this class both in institutional work and in private training there has been an interesting evolution. The sign language, the manual alphabet, the oral method, the system of visible speech and finally lip-reading have developed step by step until today there is a consensus of opinion among teachers of the deaf that the most practical system of education for this class is that of the oral method and articulation, together with proficiency in lip-reading.

Our present question, however, concerns itself more especially with that large class of the incurable deaf who have lost the faculty of hearing later than the 10th or 12th year of life. After this age the faculty of speech is so definitely developed that even though the individual becomes totally deaf, he never completely loses this practical form of expression of thought.

There is a vast difference in the acquisition and perfection of the science of lip-reading by the congenital deaf pupil on the one hand and that of the pupil with acquired deafness on the other; the former class must be instructed not only in lip-reading, but also in tone production and articulation. If such active workers as Hartmann and Gutzmann in Germany, Love in Britain, Escat in France, Bell and Wright in America, have been able to demonstrate by practical results the splendid possibilities of the articulation and lip-reading system in the congenital deaf pupil, where there are innumerable obstacles to overcome in the long years of training, how vastly greater are the possibilities to the incurable deaf who possess fluent speech and whom a short period of training may easily make proficient lip-readers.

We have passed the experimental period in the consideration of this valuable system of instruction and today we must consider the length of time of study, the place to acquire this special training, and the exercise of patience, industry and application on the part of both pupil and teacher.

The difficulties of acquiring a practical working knowledge of lip-reading have been very much over-estimated by those unfamiliar with this field and the good intentions of many a prospective student have thus been discouraged. They have been told that the time of training is interminable and that the actual results are scarcely commensurate with the time, energy and money expended.

Practical experience has proven these hypercriticisms to be fallacies, and the results, especially in the adult deaf, have been uniformly satisfactory and in many instances brilliant. On one occasion I conversed for several hours with a young lady visitor, and was not aware, experienced otologist and careful observer though I am, that she was profoundly deaf, had mastered speech-reading in less than two years and was equally familiar with German, French and English.

The time to begin such a course of instruction is now. Age is no handicap to the acquirement of proficiency in lip-reading if good sight, a fair degree of intelligence and an ordinary vocabulary of spoken language are the assets of the pu-

Digitized by Google

pil; I have known pupils of fifty to show as satisfactory progress as pupils of twenty.

As careful observers in the practice of otology, it is well known to you all that every individual with even moderate impairment of hearing unconsciously watches the lips of the speaker to assist him in the conveyance of a thought expression which reaches the ear more or less imperfectly, but which is intensified in its central interpretation by the aid of the eye. The ear has been so commonly regarded as the only sensory organ through which speech may be conveyed to the brain that few realize that the same result, difficult as it may seem, may be reached by another sensory organ—the eye. Just as the sense of touch may be hyper-developed as an accessory sensory organ to the blind to express recorded thought, so may the eye be trained as a valuable substitute to the ear to interpret the spoken word.

Scattered throughout this broad land you will find a trained teacher here and there whose period of practical service in this field qualifies him to assist in this grand cause. It is an interesting observation, however, that no concerted action has, as yet, been attempted whereby the enormous class of the partial deaf and incurable deaf may be offered the practical advantages of systematic training in lip-reading; it seems to me that our own profession has not yet realized to its fullest extent the enormous possibilities of the systematic teaching of lip-reading.

The importance to the otologist, as well as to the incurable deaf patient of a knowledge of the art of lip-reading or speech-reading certainly requires no discussion. To the partial or incurable deaf the acquisition of lip-reading is a manifold blessing; it releases him from the constant handicap of his aural infirmity; it relieves the constant nervous strain and embarrassment of isolation from the rest of his fellows; it restores his social status and his means of communication with his fellow-men. To the otologist it offers a consolation for his inability and impotency to cope with certain forms of aural pathology and it places him in a position to restore the peace of mind and to instill new hope in his deaf patient.

Before we are in a position, however, to advise our patients to take up this practical training we must ourselves be more familar with our subject; there are a number of practical considerations of this question to which your attention should be directed, especially if we agree that the art of lip-reading is so important a field of study and has the far-reaching possibilities claimed for it.

Grant that every otologist has in his clientele a large number of patients partially or totally deaf, the result of suppurative, catarrhal or sclerotic aural processes, and that the limit of practical treatment has been reached; this is the group of cases of every clientele whom you should advise to take up the systematic study of lip-reading. The first question put to you as advisor will be: "Where may I obtain such instruction?" Our national otological bodies are not all centered around the metropolitan cities of the East where some of these special schools and teachers are located; many of our Fellows live in smaller cities, North, South and West where such schools and teachers are scarce or unknown. Our first need, therefore, is a sufficient number of experienced teachers necessary to supply the great demand of concerted action in this good work. To complete my paper I have added a list of special normal schools and private instructors where such training is offered to intelligent, active, patient, observant men and women to perfect themselves as teachers in this noble cause.

In discussing this question with a number of lip-reading experts of long experience, I have drawn the conclusion that one to two years of careful training and constant practice with a large variety of pupils, will place these pupil-teachers in a position to undertake the intelligent teaching of his useful art. Let each otologist of our organization, therefore, select from his own community several intelligent young men or women, who, in his judgment, may be qualified; urge them to go to one of the training schools for teachers of lip-reading and pledge them to return to his community to take up this work.

The patient on receiving your advice to take up lip-reading will ask several pertient questions:—How long is the required course of study? How often will instruction be given? Where can such instruction be obtained? What will be the expense?

The principles of lip-reading may be mastered in comparatively few months, but the practical value of this art will perhaps be appreciateed only after proficiency is attained by considerable practice; such proficiency, however, depends on the patience and application of the pupil rather than on the number of lessons after the principles have been mastered. A pupil of average intelligence and alertness may master the principles of lip-reading in from five to six months, taking two hour-lessons each week; add to this one year of daily practice for ac-

Digitized by Google

curacy and speed, and the time of pupil-service is completed; in short, a term of from one to two years is required to develop practical independence and experience to qualify the lip-reader to readily carry on an accurate, fluent conversation.

Lip-reading is not only a pedagogical, but essentially also a psychological problem; mind-training is as important a factor in the production of the proficient speech-reader as is the accurate mechanical training of the eye to read the lips. The training of the pupil to analyze the various movements of speech as produced by the lips is but one factor in the systematic education that develops the expert speech-reader. The language of facial expression, the external physiology of speech, the many positions of the lower jaw, the temperamental differences of speakers, the psychology of language intelligence, the sequence of expressed thought all are units necessary to the upbuilding of a perfect mastery of speech-reading.

There are many words which appear alike to the eye of the speech-reader, as for instance, those beginning with the labial consonants p, b, m, and the linguals t. d. n. and words whose consonants are practically invisible as end, hen, head, and those whose vowels are difficult of analysis, as hate, eight, aid—letters and words which could not be differentiated by the eye alone unless brought into association with the other words of a phrase or sentence and the facial physiology which accompanies the expressed thought.

The speech-reader sees more than the form of the lips, the position of the tongue and the size and shape of the aperture of the mouth; he depends much on the expression of the eye, the contraction or elevation of the brow, the movements of the head, the gestures of the hand and body and all other elements that may be used to express spoken thoughts. The pantomime of language is as vital to the speech-reader as is the formation of the lips.

In a recent experiment, Gutzmann, in his work, "Facial Speech-Reading," cites some remarkable instances of faultless speech-reading among his pupils solely from pantomime and facial expression, even when the mouth of the speaker was hidden.

If we proceed with this analysis further, it would involve us in a discussion of the various methods of training in this field, a subject which is foreign to the present paper; it is simply my desire to point out to the uninitiated the many phases of this problem and the dignified position to which such special training may rise.

What a fertile field and wonderful opportunity for good work, meriting the active and moral support of every otologist and the energetic, patient and skillful direction of every specially qualified teacher!

Our esteemed confrere, Dr. James Kerr Love, of Glasgow, has opened another avenue in which the mastery of lip-reading may find appreciative recognition—an avenue of public education and charity. During my visit to Glasgow last season, Dr. Love pointed out to me some of the practical opportunities possible to instruction in lip-reading as an aid to public education. He has organized classes for the poor where such instruction is systematically imparted at nominal fees for the course; he has interested the Board of Education of the city of Glasgow and already the results of this good work are being manifested. The accompanying card is self-explanatory. This plan is worthy of emulation in every metropolitan city of our great commonwealth.

This is, I think, the first attempt that has been made to interest the American otologists as a body, in this special form of education, and I appeal to every fellow, not only for his good will and moral support, but for active co-operation in an endeavor to plan a general movement which may have for its purpose the education of the public to the value of lip-reading as a system of instruction to assist those partially or totally deaf to a more independent social status among their fellow-men. We would direct the attention of the medical profession to the opportunities and resources which a knowledge of lip-reading may afford this class of the people; the especially qualified teachers to the worthy cause in which they may be enlisted; the otologist for the boon which they may confer on that large class of the deaf heretofore so seriously handicapped in carrying out their social and economic functions. All who may be interested in this work should realize that there is no effort in the wide realm of education more heroic or more charitable than the emancipation of the deaf.

NORMAL TRAINING SCHOOLS FOR TEACHING OF ARTICULATION AND LIP-READING INSTITUTIONS.

Mystic Oral School for the Deaf, Mystic, Conn., Misses Jane and Elleanor B. Worcester.

Columbia Institution for the Deaf and Dumb, Dr. Percival Hall.

The Kendall School for the Deaf and Gallaudet College, Washington, D. C. Dr. Lyman Stead.

Digitized by Google

Normal Practice Public Day-School for the Deaf, Chicago, Ill., Miss Mary T. McCowen.

Indiana State School for the Deaf, Indianapolis, Ind., Mr. Richard O. Johnson.

Clarke School for the Deaf, Northampton, Mass., Miss Caroline A. Yale.

Detroit Day-School for the Deaf, Detroit, Mich., Miss Gertrude Van Adestine.

Swarthmore School for the Deaf, Swarthmore, Pa., Mrs. J. Scott Anderson.

PRIVATE TEACHERS.

Miss Mary S. Breckenridge, Cincinnati, Ohio, Gilbert and Yale Aves.

Miss M. E. Bruhn (Miller-Waller System), Boston, Mass., 610 Pierce Bldg., Copley Square.

Miss Emma F. West-Davidson, Philadelphia, Pa., 207 Fuller Bldg., 10 S. 18 Street.

Mrs Cora D. Gorton, New York City, 109 West 56th Street.

Mr. David Greene, Hartford, Conn., 485 New Britain Ave.

Mrs. Sarah Jordan Monro—(Summer School for Teachers), North Andover, Mass., 16 Elm Street.

Mrs. A. B. N. Moss, St. Louis, Mo., 820 Academy Ave.

Mr. E. B. Nitchie, New York City, 156 Fifth Ave.

Mr. John Dutton Wright, New York City, 1-2 Mount Morris Park, West.

SCHOOL BOARD OF GLASGOW.

Continuation Classes—Session 1910-11

Tureen St. Public School

Tureen Street.

CLASSES FOR

LIP-READING

Will meet in the above School on

Monday and Wednesday Evenings,

From 7:45 to 8:45 o'clock.

FEE for a Session of Six Months 2-6.

Teachers—Miss JANET F. S. DOUGLAS and Miss CHRISTINA W. O. MACLEAN

The instruction will proceed entirely on the Oral Method, and the Classes are intended for Students who, by reason of illness or other cause, have become either wholly or partially deaf after 16 years of age.

Students will be taught to pronounce, singly and in combination, the various elementary sounds, to recognized these by observation of the movements and formation of the lips, and to associate with these observed sounds their written and printed characters. Signs will be wholly avoided. Reading and writing to dictation will form regular class exercises.

The Session will commence on Monday, 12th September, 1910, and, as the number in each class is strictly limited, Students are requested to attend for the purpose of enrolling on Thursday, 8th September, at 7:30 p.m.

J. CLARK,
Clerk to the Board.

School Board Offices, 16 Royal Exchange Square, Glasgow, August, 1910.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

(Continued from page 249.)

CHAPTER V.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

Experience teaches us that there is a place for everything and that unless everything is in the place in which it belongs serious trouble may ensue. Hence the origin of the many devices for marking poisons by oddly-shaped bottles or distinctive labels, that they may not get into the wrong place.

There seems to be a strange perversity among the public to mix things. In spite of the most explicit directions, in spite of precautionary labels, they will persist in taking lotions intended for external use, internally, and apply tonics intended for internal use, externally. And there is also a tendency to exceed the dose, on the principle that the doctor is too cautious and wants to eke out his income by a long and protracted treatment. They have an idea that the doctor fears they may recover too quickly.

Experience shows that this tendency is a common one. Papa has a tonic in which strcyhnine is an ingredient. It makes him feel "like a new man." He wants to hurry up the renovation process, and although the directions read, "one teaspoonful, three times a day, after meals," he takes it by the mouthful, from the bottle, and that at frequent intervals until "that queer feel-

Digitized by Google

ing" begins to manifest itself and brings him to reason. Then he sends for the doctor who pulls him out of the valley of the shadow provided he is called in time and the dose has not been too generous.

Experience also proves that there are lots and lots of people who think they know more than the doctor, who believe that if a little of a thing is good a good deal more of the same thing is a vast sight better; who, if you order a one in a thousand per cent solution of carbolic acid, as a wash, would immediately obtain and use a one hundred per cent pure acid, if they could.

In view of this tendency it is a vexed question whether it is wise to make a medicine too palatable. Little Johnny needs a laxative. Mama tell him to go to the pantry and take a spoonful of spiced syrup of rhubarb. "It is so harmless he could take a whole bottle full," mama says to a friend who expresses surprise. It tastes so good to Johnny that he does take the whole bottle full and keeps everybody busy some time thereafter.

Opium, the "gift of God," zealously misapplied has become the scourge of mankind. Those addicted to its use say they were initiated into its pleasures by their doctor and, allowing for the morphino-maniac's notorious untruthfulness and exaggeration, there is no doubt but that there is a grain of truth in this assertion.

Let us reflect, therefore, whether it is better to gain a reputation for "magical relief" with a possible painful future, or to be conservative to the point of less speedy or delightful results with the absence of peril to the patient.

Experience shows that it is extremely dangerous to ignore the temperament in our treatment of the individual and the prevalence of conditions of nervous instability and irresponsibility should lead us to exercise caution in prescribing. For while we may cure one passing evil we may implant another and greater evil of permanent persistence.

The ladies and children praise and extol Dr. So-and-So, because his medicines are so delightful to take, while others swear by all the gods that they never tasted such nasty stuff as that given by Dr. This-and-That. But there are far-reaching contingencies to be considered., The present occasion is not the only point of view in medicine.

Dr. So-and-So's medicines are really elegantly prepared and elegantly dispensed, they are of the nature of artistic productions. They are also "repeats." And every time the repeat is made the intervals intervening become less. Without knowing the reason thereof the patient is soon a candidate for a "retreat" where the baneful effect of over-stimulation may be offset—perhaps.

Now if Dr. So-and-So's brand of coca wine, for example, was saturated with some inert intensely bitter substance, say quassia, it might deter the uninitiated from acquiring the coca habit. On the other hand, those who had acquired the habit would continue to take it, though it were flavored with gall and wormwood. Which shows that the taste is not the whole cause of the evil. No doubt if the forbidden fruit had been an unripe persimmon Eve would have taken a bite. But since the descent to Avernum is so easy and the return so difficult why should we strew the path with flowers and grease the wheels?

Cholera Infantum.—For the initial treatment of cholera infantum the following is recommended:

Hydrarg. chloridi mitis.....grn. ij
Sodii bicarbonatis.....grn. x
Saccharini.....grn. ¼
Div. in pulv. no. xij.
Sig.: One powder every hour for four doses.

To control the acute gastric symptoms:

Hydrarg. chloridi mitis.....grn. j
Plumbi acetatis.....grn. iv
Pulv. opii.....grn. j
Bismuthi subnitratis Merck.gr.xxx
Pulv. sacchari .....grn. x
M. Div. in pulv. no. x.
Sig.: One every half-hour or hour.

To control diarrhea:

Tannalbini.....grn. xxx
Pulv. opii.....grn. j
Pulv, aromatici.....grn. ij
Pulv. sacchari.....gr. v
M. Div. in pulv. no. xii.
Sig.: One every four to six hours for a child of one year; double this for a two-year-old child.

To control tenesmus:

Iodoformi.....grn. ij
Ol. amygdalae express.....fl. ℥ij
M. Cool on ice, and inject a tablespoonful into the rectum.—Merck's Archives.

DISCRETION.

"If all of us knew what all of us do,
And all of us knew that all of us knew,
Then some of us might not do just a few
Of some of the things that all of us do."

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Hearing with the Eyes.

The coming of the moving picture show has occasioned much comment pro and con as to the effect this form of entertainment may have on the health and morals of the country; communities have enacted ordinances to control construction and insure ventilation and cleanliness, and established boards of censorships which are supposed to exclude everything morally objectionable. The objectionable pictures have largely disappeared, but a new class of patrons has come forward raising objection where the mass sees nothing but innocent amusement and entertainment, and a new scheme of expurgation is being necessitated to meet their demand. The deaf mutes have been taught to hear through reading lip movement, and they tell us that the lips of some of the actors tell a story of language utterly foreign to the acting and objectionable in the extreme. Needless to say this is being eliminated. It is rather of the fact that deaf mutes are successfully being taught to hear and talk that we wish to call attention. Of course we use the word "hear" in another sense than that of definite audition, in so far as the reception of impression is concerned these people who have been so taught apprehend what has been said or what has happened, they miss only that which is pleasurable and beneficial in sound itself. From learning to read the lips it has been but a step to teach a reproduction and many of the "dumb" speak, and with a facility which would lead one to doubt there having ever been any inability in that direction. True their diction is noticeable, as a rule, for its rather limited vocabulary, and they have a stilted style of speech, but it is a wonderful thing that they are talking at all, and more wonderful that they have learned to hear through the agency of their eyes.

In our original department of this issue we are publishing a paper by Dr. M. A. Goldstein on this subject. Dr. Goldstein was the first aurist in this section of the West to seriously undertake the liberation of the deaf from the bondage of silence, to make it possible for them to communicate with others of their fellows than those who were facile with the sign language. This work is yet far from having reached the ultimate of its possibility, but it is a wonderful work, and one which should be presented to parents, brothers or sisters, and friends wherever there is one who might be emancipated through it. It is necessary that the work be intelligently directed, and there is no doubt it is most successfully conducted in institutions which have experienced teachers, but the profession and the public should speedily discover that the deaf may be taught to hear and to talk; many an one could be taught in the home who may not, for one or another reason be able to avail himself of institutional instruction.

We feel great satisfaction in being able to present this paper to our readers for their consideration, and we trust that it may lead to better things for an unfortunate here, there and in many places.

The Scientific Study of the Criminal Classes.

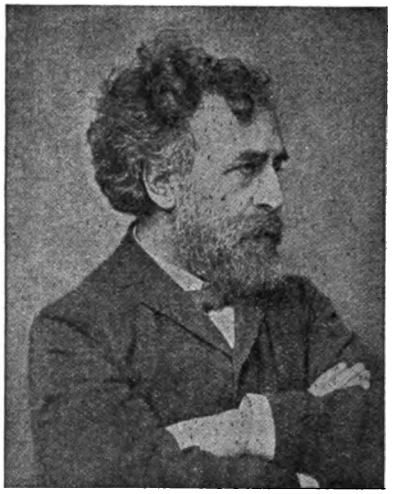
After many years of untiring effort and doubtful encouragement, years which would have utterly discouraged other than an enthusiast, Dr. Arthur MacDonald, of Washington, seems about to see his efforts crowned with the recognition and co-operation which they deserve. The wheels grind slowly, but the world learns every day that the things of yesterday which were thought important may be but foolishness while we may go back to several yesterdays to pick up the important thing which we ignored. Dr. MacDonald has had a bill introduced into Congress providing for the establishment of a laboratory for the study of criminals, defectives and paupers. Should the bill pass, and we hope it will, it will doubtlessly mark the beginning of a more merciful era for those who belong to any one of the three classes and one of general betterment. When we become able to pick out the deliberate criminal and determine between him and the defective we will have taken a long step toward a millenium. Disease and crime are often as widely different as are vice and morality. Many crimes, as now adjudged, are purely a matter of disease, and when opportunity has been given for their proper scientific investigation there will doubtless be forth coming methods or treatment which will result

Digitized by Google

in cure. Indiana has enacted a law legalizing vasectomy in certain classes of criminals and defectives. Her success with this law should have already have prompted its enactment in other states, but in so far as we have heard nothing of the kind has yet happened. The wheels grind exceedingly slow. If the legislators in Washington will see their way to authorize the laboratory asked for, and if it is placed in the hands of persons who have a proper estimate of its possibilities, another decade will see a great change for the better among the classes concerned. It may be that the humanitarian and scientific plan will make it possible to investigate the murderer so that he may serve a purpose other than revenge. Under existing conditions one who has killed a fellow is to be eliminated, but beyond the lesson of the horror of a hanging, or the greater horror of the electric chair, he has served no purpose in making another less liable to commit the same crime. Possibly there are classes among those who commit homicide which are characterized by some disease or defect which might be determined and remedied and the career of crime changed into one of harmlessness and usefulness. Such a laboratory, under governmental authority, would put its findings at the disposal of every American physician, and it may lead to the day when we will be able to alter the whole life of one or another of our patients who have come to us before themselves discovering an abnormal bent.

The Los Angeles Meeting.

The recently ended meeting of the American Medical Association was another of the signal successes of that organization and the occasion one of which Los Angeles may well be proud. We have yet to learn the final figures for the registration, but those at the close of the second day indicate that about 2,700 physicians were in attendance; at the close of the second day sixteen had registered from St. Louis and others arrived later. Report has it that every entertainment feature was carried out to the entire enjoyment of the guests, and that the scientific and business sessions were of more than usual importance, and interest. Probably the most important social event was the Garden Party and Barbecue given to the members of the association by Adolphus Busch in the grounds of his palatial home at Pasadena, where some 1800 physicians were entertained. The section dinners, the President's reception, college alumni dinners and banquets of lesser organizations made the week one of feasting as well of science. The Medical Editors' Association held its banquet, as usual, on the evening before the opening session of the A.M.A. and following its own sessions, which were characterized by important work.



DR. ABRAHAM JACOBI, New York City
President-elect American Medical Association

The selection of Atlantic City as the meeting place for 1912 meets with general approval. Louisville has announced herself as an aspirant for the 1913 session.

The association elected the following officers:

President—Dr. Abraham Jacobi, New York City.

First Vice-President—Dr. W. Jarvis Barlow, Los Angeles.

Second Vice-President—Dr. F. W. McRae, Atlanta, Ga.

Third Vice-President—Dr. W. R. Tipton, Las Vegas, N. M.

Fourth Vice-President—Dr. A. L. Wright, Carroll, Iowa.

Secretary—Dr. Alexander R. Craig, Chicago, Ill.

Treasurer—Dr. William Allen Pusey, Chicago, Ill.

Trustees—Dr. Philip Marvel, Atlantic City, N. J.; Dr. Philip Mills Jones, San Francisco, Cal.; Dr. M. T. Sarles, Sparta, Wis.

One familiar name is missing from this list, we have yet to learn the why of the omission.

When removing stones from the gall ducts don't neglect to explore the hepaticus —with a probe or, better, a narrow blunt spoon.—Amer. Jour. of Surg.

Digitized by Google

ST. LOUIS ITEMS

The St. Louis Medical Society has adjourned for its summer recess. It will reconvene on the evening of September 16.

Dr. Thomas A. Hopkins attended the twentieth anniversary reunion of his class at Oberlin College on June 19, 20 and 21.

Dr. Frances L. Bishop left St. Louis on June 27th for a vacation trip through Europe. She will return early in September.

Dr. Julian Petit has opened an office at 319-320 Century Building. Dr. Petit was one of the outgoing class of internes at the City Hospital; he is still connected with the City Dispensary.

Hot.—They tell us that it is hot everywhere these days; it is certainly making a good job of it in St. Louis, Minneapolis, Chicago, Cleveland, Cincinnati, Kansas City; in fact none of us seems to have a monopoly on it.

Dr. R. T. Ehrhardt left St. Louis on July 2d for Europe, where he will join Mrs. Ehrhardt, who went abroad some weeks ago. The doctor will spend some weeks in the ophthalmologic clinics and laboratories of Berlin and Vienna.

Vacation Time.—The vacation time has come and many physicians are already in summer quarters in the mountains, on the lakes and elsewhere. Not a few are vacating at home, cutting down their office hours to the narrowest limit and spending about half their time in trips to neighboring points of interest. Until one has tried it he cannot know what an ideal way this is to find rest and change.

The National Association for the Study of Epilepsy and the Care and Treatment of Epileptics held its tenth annual meeting in St. Louis, Mo., on June 16th, under the presidency of Dr. M. L. Perry, of Parsons, Kansas. Officers for the coming year were elected as follows: President, Dr. W. T. Shanahan, superintendent of the Craig Colony for Epileptics, Sonyea, N. Y.; first vice-president, Dr. W. C. Graves, of Chicago; second vice-president, Dr. A. S. Predy, of Lynchburg, Va.; chairman of executive committee, Dr. D. F. Weeks, of Skillman, N. J.; editor of transactions, Dr. W. P. Sprating, of Alabama; secretary and treasurer, Dr. J. F. Munson, of Sonyea, N. Y.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Malaria. A consideration of its etiology, diagnosis and treatment. By J. H. McCurry, M. D., Grubbs, Ark. Cloth, 170 pages. Published by the author. (Price $1.00.)

This little volume is something out of the ordinary, being written by one who is actively and successfully working in a field where malaria is easily his most aggressive opponent and one who is well read in medicine and has made an especially thorough study of this subject. The aim of the author has been to present together the results of his practical experience and the accepted dicta on this disease. The volume makes very interesting and profitable reading.

Hygiene of Pregnancy. Including discussion of infant feeding and care of infants. For distribution to mothers and prospective mothers. By Dr. E. S. Harris, Blue Springs, Mo. Brochure, 28 pages. Published by the author. (Price 10 cents each.)

The author of this brochure has found that mothers and prospective mothers need a reliable guide to the things which they ought and ought not to do during a trying period. It was to meet this need that this brochure, which has now reached it fifth edition, was orginally written. From being available only for the use of himself and friends it has come to be at the command of any physician who may desire to use it. Especially in the country and in rural communities are pregnant women and mothers needing such advice as these pages convey; their physician is inaccessible and they are largely left to rely on their own resources, for such this brochure is admirably suited. It is sold only to physicians and is intended for distribution by the physician to his patients.

Tuberculosis as a Disease of the Masses and How to Combat It. International Prize Essay by S. Adolphus Knopf, M. D., New York. Seventh American edition. Freely illustrated. Revised and enlarged. Paper, stoutly bound. Sold by Fred. P. Flori, 16 W. 95th street, New York City. (Price, 25 cents, postpaid. Twenty or more copies at reduced rates.)

Since the original publication of this essay in 1899 it has appeared in 27 foreign editions and 24 different languages, and this is the seventh American edition since 1901. This means that the Knopf essay is well known to the profession, and that they appreciate the fact that Dr. Knopf has been more largely instrumental in bringing the profession to its present intelligent attitude toward the disease, tuberculosis, than has any other one man. In its revised

Digitized by Google

form the essay is, as it has been for these ten years, the best condensed consideration of the subject available. It is eminently suited for the reading of patients themselves, but the physician who presents it should be familiar with its contents himself if he is to hold the regard of his patient as one informed on phthisis.

CORRESPONDENCE

Chicago, Ill., July 3, 1911.

To the Medical Fortnightly, St. Louis, Mo.:

Kindly publish this notice, that the book published by one A. V. Harmon and one W. J. Jackman, under the name of "Large Fees and How to Get Them," of which I am alleged to be a joint author, is, so far as the use of my name is concerned, a forgery. All persons selling or circulating same, or advertising or reviewing the book in connection with my name, do it at the risk of legal complications. Other journals please copy, and oblige,

G. FRANK LYDSTON.

Dr. William Osler, Regius Professor of Medicine at Oxford University, England, and formerly Professor of Medicine at Johns Hopkins University, Baltimore, was among the recipients of coronation honors recently, the rank of baronet being conferred upon him. Dr. Osler went to England from Baltimore in 1904. No man of science more richly deserves such a title. Dr. Osler has always stood for everything that is highest in our profession, and has been an inspiration to higher ideals in medicine throughout the world.

The Rockefeller Institute for Medical Research.—The Board of Scientific Directors of the Rockefeller Institute for Medical Research announce the following appointments to the staff of the Institute: Alfred E. Corn, M.D., associate in medicine; Arthur W. M. Ellis, M. B., assistant resident physician; Alphonse R. Dochez, M. D., assistant resident physician; Frank W. Bancroft, Ph.D., associate in experimental biology; Reinhard H. Beutner, Ing. D., assistant in experimental biology; James B. Murphy, M. D., assistant in pathology; J. J. Bronfenbrenner, fellow in pathology; Frederick B. La Forge, Ph.D., assistant in chemistry; Henry K. Marks, M. D., assistant in pathology; Helen L. Fales, research scholar in chemistry; Angelia M. Courtney, assistant in chemistry.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Diet and General Management of Typhoid Fever.—Warfield (Wisconsin Med. Jour., April, 1911) advocates a liberal diet in typhoid fever patients, his idea being to feed them, but at the same time to keep them hungry. The following is a sample diet for one day to a case of moderate severity, or even to a very ill patient who desires food. Breakfast 6 a.m.—four to six ounces cooked rolled oats, two ounces of milk, one-half ounce sugar, six to eight ounces of milk. Lunch 9 a.m.—six to eight ounces of milk. Dinner 11 a.m.—eight ounces of pea and bean soup (thick), one ounce of toast in soup, four to six ounces of rice pudding, six to eight ounces of milk. Lunch 3 p.m.—six to eight ounces of milk. Supper 5 p. m. six to eight ounces of farina, etc., with two ounces of milk and one-half ounce sugar, one ounce of toast (soft), six ounces of hot milk, six to eight ounces of custard. Lunch at 8 p.m. and 1 a.m.—six to eight ounces of milk. During the year of 1910 there were 125 cases of typhoid fever treated with a liberal diet at the Milwaukee County Hospital with 11 deaths, giving a mortality of 8.8 per cent, as compared with 118 cases previously treated with the semi-starvation treatment (milk and albumin) with a death rate of 12.7 per cent. Relapses in the former series occurred in 3.9 per cent of the cases, while in the latter 4.8 per cent. Warfield recognizes that this number is too small to deduct results from this course of treatment, but it is evident that liberal feeding does not increase the mortality.

The Treatment of Diabetes Mellitus.—Schoenijohn (American Medicine) in summing up his article says that each case must be treated as an entity. At first determine by an absolute diet whether sugar can be abolished from the urine. This accomplished, allow a single form of carbohydrate food in slowly increasing quantities, up to the point of excretion. Try to figure by table of calories the amount of fat necessary to replace the diminished carbohydrates, and urge even a slight excess. Keep the proteids slightly above normal. Now and again, according to the age and severity of the case, insist upon one week's absolute regime, in order to rest the sugar consuming function. Avoid drugs if possi-

Digitized by Google

ble, aside from tonics. Anticipate complications by examining the urine for acetone and its allies and on their apparent increase remember the benefits possible from a course of out-cure as outlined. Treat surgical accomplications radically. Always hold out the hope of cure to your patient if he will co-operate with you, and insist on the hygienic rules as dictated by ordinary good sense. Remember that in those advanced in years the disease is frequently very benign and needs little treatment beyond a reduction of the carbohydrates and an occasional week of strict diet.

Family Pernicious Anemia.—Patek (Jour. A.M.A., May 6, 1911) bases the following conclusions on a study of series of cases: 1. The clinical history and blood-findings permit of no doubt that five of these patients (two brothers and one sister, a paternal cousin and a paternal uncle) suffered from primary pernicious anemia. 2. The weight of evidence which the two cases of secondary anemia add is not to be wholly ignored, because anemia of the secondary type has frequently been known to be a precursor of the primary form. 3. Hunter's theory, so strongly defended by him, that septic conditions of the mouth—stomatitis, glossitis, etc.—are the etiologic factors in this disease, sheds no light on this series of family anemias. (No such mouth condition existed in any of the cases.) 4. The possibility, as here shown, of its being a family disease, and the knowledge that the disease is on the increase—not only relative, but absolute—suggests an as yet unrecognized source of hemolysis that is showing increased general activity, and is uninfluenced by environment or station.

High Blood Pressure in Arteriosclerosis.—Rudolph (British Med. Jour., Nov. 26, 1910) enumerates the following factors as being responsible for hypertension in arterial disease: 1. Toxemia; such toxemia being at the same time the direct cause of the arterial disease by directly poisoning the walls. A good example of such a poison is nicotine, which directly raises the blood pressure, and according to many authorities, also acts directly upon the vessel wall as a poison. Probably there are many of such toxines manufactured in the alimentary tract, or in the tissues of the body. 2. Some toxine which has nothing to do with the associated arteriosclerosis, but is directly raising the pressure. One might theorize that in an arteriosclerotic patient the adrenal tissues might be from time to time overactive, and might thus produce periodic rises in pressure, as might occur in individuals not arterioscleriotic. 3. Compensatory. It is well known that if some vital tissues, such as those in the medulla, be rendered anemic—say by pressure of a new growth—the blood pressure rises enormously, seemingly with the object of forcing blood at all hazards into the part. If such a part of the brain be supplied by a vessel the lumen of which is much narrowed by disease, it is likely that the blood pressure will rise from the same cause. 4. Simple nervousness. It is very common to find the blood pressure high from nervousness, and if an arteriosclerotic happens to be also a neurasthenic his pressure may be high from this cause alone. 5. Lastly, the raised pressure may be due to the arterial disease alone, and in this case probably the splanchnic vessels, or the aorta leading to them, are extensively diseased.

The Subsequent Health of Children Who Drank Milk Containing Tubercle Bacilli.—Hess (Jour. A.M.A., May 6, 1911) undertook a study of the milk sold in New York City to determine primarily to what extent the ordinary milk sold in cans, forming the major part of the milk-supply of the city, was contaminated by tubercle bacilli. His investigation of 107 specimens of milk tested on guinea-pigs showed 16 per cent contained virulent tubercle bacilli. Of the eighteen children who drank milk in which tubercle bacilli were demonstrated, all but one remained free from active tuberculosis during a period of supervision of three years; this one developed tuberculosis of the cervical glands, from which a bacillus of the bovine type was cultivated. The author says that animal experimentation justifies the conclusion that the chance of infection through milk depends not only on the number of bacilli ingested, but also on the frequency of exposure to small infections. For a quantity of bacilli which was insufficient to produce tuberculosis in guinea-pigs when given in one dose, suspended in milk, was able to cite tuberculosis when fed in twenty-five to thirty doses on as many days. Tubercle bacilli in milk are a menace to the health of young children. Tubercle bacilli in butter are likewise a menace; therefore a safe butter, whether pasteurized or certified, should be provided for their use.

OCTOBER.

"The naked hills lie wanton to the breeze,
The fields are nude, the groves unfrocked,
Bare are the limbs of shameless trees,
What wonder is it that the corn is shocked!"

Digitized by Google

TREATMENT

The Use of Digipuratum in Heart Disease.—Wm. F. Boos, L. H. Newburgh and H. K. Marks in a paper published in the April issue of the Archives of Internal Medicine, discuss the great differences observed in the pharmacological strength of digitalis leaves and their preparations. The efficiency is said to depend greatly upon the soil, the gathering season, the method of collecting and drying the leaves and the methods used in preserving the dried product. For a time it seemed as if the pure active principles of digitalis would be reliable substitutes for the galenical preparations, but it was soon evident that neither digitalin nor digitoxin alone could produce the true digitalis effect obtainable from the leaf preparations. These facts show the need of leaf preparations of known strength. As the fluid preparations do not retain their original strength so readily, the dry standardized products are preferable. In digipuratum, a dry digitalis extract, was found free from the harmful digitonin and 85 per cent of the bulky and inactive matter. The drug is standardized by means of the frog experiment so as to be equal in strength to the equivalent amount of potent leaves, this strength being uniform. Digipuratum was employed extensively by the authors in the medical services of the Massachusetts General Hospital. Eight cases are quoted and tabulated, showing interesting features. The diuresis was efficient in all cases and a marked effect on the pulse rate was usually present. One case was sent to the hospital in a moribund condition, but reacted very quickly to the drug, so that compensation was re-established in a week. The digipuratum was usually given in the form of treatments of twelves tablets each, and while in some cases the first treatment gave little or no result, the second was always very efficient. Good results may often be obtained by combining the medication with venesection, the removal of fluid by tapping or by combining the digipuratum with other drugs, such as diuretin or apocynum. Digipuratum has now been used in the Massachusetts General Hospital for over a year and more than 180 cases of primary heart disease or secondary cardiac involvement have been treated with it. The effect on the urinary output has been very prompt in most instances. There was not a single case of vomiting or diarrhea; in fact the vomiting of a number of cardiac cases at entrance was promptly stopped by digipuratum. Cumulative poisoning was never observed. One of the early patients, a boy of 16 was given 106 tablets in six weeks; at no time was there any suggestion of digitalis poisoning. In one or two instances, the house officers were made uneasy by sudden drops of forty or more beats in the pulse rate, but no disagreeable consequences followed in any case. It must be remembered naturally, that digipuratum is a digitalis preparation, but the tendency to produce poisoning is much diminished so that it is possible by means of this drug of reliable strength to push digitalis therapy in a manner hitherto unknown.

The Present Status of Inoculation Therapy.—Martin J. Synnott, Montclair, N. J. (Med. Rec., June 3, 1911), describes the Department of Therapeutic Inoculation, at St. Mary's Hospital, London, where Sir Almroth Wright has developed the field of preventive inoculation and curative vaccination against infectious diseases. This is the best place to go for instruction in these lines. By inoculating a patient with a bacterial vaccine one may create a state of resistance against infections, and assist him after he has contracted a disease to resist the attack of the micro-organisms. Opsonins are protective substances in the blood serum which unite with bacteria and prepare them for the attack of the leucocytes. Without these substances the leucocytes cannot attack the bacteria. The opsonic index is the measure of a patient's resisting power against the microbe in question. A vaccine is a standardized suspension of killed bacteria in physiological salt solution, preserved in lysol or carbolic acid. Inoculations with a vaccine raise the opsonic power of the blood, increase phagocytosis, and strengthen the resistance of the blood to the disease. The dose should be so regulated as to avoid a severe negative phase; this should last not more than 24 hours. The positive phase will make the patient feel better, and should last three to ten days, at the end of which another inoculation should be given. With absent negative and with a short positive phase the dose has been too small; a severe negative phase means a dose too large; an excessive dose may produce a severe and fatal negative phase. Inoculations should be given twice a week. Tuberculin vaccine is of the utmost value in localized tuberculosis. In pulmonary tuberculosis, to obtain benefit it must be used early. Inoculations are contraindicated in diffuse generalized processes, with fever and systemic infection and in acute infections like pneumonia and

Digitized by Google

typhoid. In convalescence recovery may be hastened by vaccines. Prophylactic inoculations have prevented typhoid and some other diseases. Inoculations should be given by a man accustomed to their use, and under the control of the opsonic index. Autogenous freshly prepared vaccines are to be preferred, but stock vaccines may be useful. Inoculation offers a boundless and as yet little explored field in therapeutics.

The Treatment of Cough.—F. M. Class, New York (Jour. A. M. A., May 20), discusses the treatment of the troublesome symptoms of cough in consumption, of which, he says, every variety is capable of definite relief though this is seldom properly given except by those specially skilled. In the early stages of the disease, the chief complaint is of coughing on arising in the morning and here practitioners err in starting their sedative treatment too soon. Unless inordinate, or followed by exhaustion or retching, the cough is probably beneficial rather than otherwise and it is better to save weapons of offense until they are more needed later. Retching is often due to excessive pharyngeal mucus and a simple gargle, kept beside the bed and used on waking, will often be a sufficient remedy. A simple boric acid gargle with a very small amount of phenol is given and recommended. Sometimes a comfortable temperature in the room is of advantage. Mental suggestion may have something to do with causing the cough and the will to check the cough may sometimes be better than the prescription. Carefully regulated breathing, exercise, etc., are useful aids. For the causes of the constant dry nagging cough, lasting off and on all day, a careful systematic search should be made in the nares, pharynx, and larynx. A long uvula is the prime offender and is often overlooked though mentioned in the standard books. Its amputation then will check the cough. Large turbinates, adenoids, enlarged tonsils and ulcers of the larynx need appropriate treatment. Occasionally cough appears to be due to fever and ceases with the lowering of the temperature, and in such cases rest in bed will be the remedy. It is remarkable also how much trouble a small patch of pleuritis may give and a mild counter-irritant or strapping the chest is sometimes efficient. The actual cautery in the subclavicular region, an old remedy not much used, has been sometimes effective in the past. Painting the nasopharynx every day or two with iodin or potassium iodid solution has been suggested to check excessive secretion in the nasopharynx. Often no obvious local cause can be found and here suitable occupation and stimulation of mental interest should be tried, and this can be carried out exceptionally well in sanatoriums. Another distinct type of cough occurs after eating and is probably reflexly caused by the dilatation and sudden activities of the stomach walls and it is best treated by small and more frequent meals. Sudden changes of temperature such as leaving a warm room sometimes cause aggravated coughing and a more gradual change or protecting the lungs with a handkerchief over the mouth may sometimes prevent the attack. Occupation should be looked after and one will be surprised sometimes to find how many patients have followed or are following some dusty occupation. Even any simple change of occupation may be beneficial. There remain to be considered two other types of common cough, depending sometimes on the amount of expectoration, sometimes on its quality, and for these drug therapy would seem to be indicated. We should approach these methods however with caution. Nauseant expectorants will do harm by interfering with digestion and appetite. Cough palliatives, including opiates, are allowable only to procure sleep when cough prevents it or causes over-fatigue. Inhalation methods are mentioned with commendation. The use of the perforated inhaler with some combination in solution of creosote or formaldehyde solutions with chloroform or menthol are mentioned. Creosote used internally must be watched with great care since it is liable to upset the stomach and guaiacol may be found milder and safer. Among other things Kuhn's suction mask is mentioned. Care must be taken not to dry up secretions so much that they are not easily got rid of. In the terminal hopeless stage free use of morphin seems imperative. Heroin may be effective for a time, but its usefulness is short lived.

On the Treatment of Epithelioma, Lupus, Etc., with Thorium Paste.—L. Duncan Bulkley, New York (Med. Rec., April, 22), gives his results at the Skin and Cancer Hospital and in private practice in the treatment of lupus and epithelioma with thorium paste. The results have been very gratifying. The paste is made from thorium protoxide, sulphate of lead, sulphuric acid, and a small amount of hydrochloric acid. It is semiliquid, and forms a thin white pellicle, which remains adherent for ten days. The action is moderately destructive to diseased tissue, but the destruction can

Digitized by Google

be regulated at will. It modifies cell growth, and accelerates the growth of healthy cells. In epithelioma repeated applications are required to cause healthy tissue to appear, induration is removed, and the surface becomes normal with little scar. In lupus vulgaris a supple cicatrix results. The close application of the slightly radioactive thorium modifies the action of cell life. This is an addition to the means at one's service for combating some of the most rebellious forms of skin lesions. Histories of illustrative cases are given.

Nitrous-Oxide-Oxygen Anesthesia.—Most of us are little familiar with this comparatively new form of anesthesia which is rapidly replacing ether and chloroform in the larger hospitals of the country. Whitacre enumerates its advantages (Lancet-Clinic, May 27, 1911) as follows: 1. Because it is safe. Dr. Bevan gives the mortality of chloroform as 1-2,000, ether 1-5,000 and nitrous oxide 1-50,000. Teter reports 13,000 nitrous oxide-oxygen anesthetics without a death. 2. It is not disagreeable to take. 3. It can be rapidly induced. 4. It interferes slightly with the normal physiologic activities of the body. (a) Patients endure shock-producing trauma much better than under ether (Crile). (b) Patients reduced by infections, hemorrhage or hyperthyroidism do better (Crile). (c) In grave infections the immunity of the patient is less seriously influenced than by ether (Crile). (d) The ganglion cells of the central nervous system show less degenerative changes than after ether (Crile). (e) There is a distinct diminution in post-operative neurasthenia (Crile). 5. Recovery is immediate or rapid after the withdrawal of the gas. 6. There are usually no post-anesthetic discomforts. 7. There is apparently no post-anesthetic effect upon the lungs, kidneys or other organs. The disadvantages of this anesthetic are: 1. The anesthetic and the apparatus are both expensive. 2. Its use must be confined largely to hospital practice. 3. A skilled anesthetist must be in charge. 4. There is enough rigidity of the muscles in certain cases to interfere somewhat with the satisfactory completion of the operation. Ether retains its place as the routine anesthetic in my practice, but the advantages of nitrous oxide in combination with oxygen seem to be so great in many cases that I believe it has become a surgical necessity.

Sudden anuria may be the first symptom of a carcinoma of the cervix in an apparently healthy woman.—Amer. Jour. of Surg.

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Cholera in the United States.—During the ten days ending June 23d five cases of cholera were reported to the surgeon general of the United States Public Health and Marine Hospital Service from New York quarantine, one case on June 14th from the S. S. Europa from Naples, and four cases on June 20th from the S. S. Duca degli Abbruzzi from Genoa, Naples and Madeira.

American Surgical Association.—The following officers were elected at the annual meeting of the association, held in Denver on June 20th and 21st: President, Dr. Arpad G. Gerster, of New York; first vice-president, Dr. George W. Crile, of Cleveland; second vice-president, Dr. Joseph L. Ransahoff, of Cincinnati; secretary, Dr. Robert G. Leconte, of Philadelphia, re-elected; treasurer, Dr. Charles H. Powers, of Denver. The association will meet next year in Montreal.

Digitized by Google

Cod Liver Oil Problems in Summer

need not be problems at all if the right preparation of Cod Liver Oil is chosen. It is true that preparations nauseous in winter are doubly so in hot weather, but if your choice has been

no difficulty of digestion, no intolerance will result. Hagee's Cordial of the extract of Cod Liver Oil Compound is just as potent a tissue maker just as reliable and efficient a reconstructive as the plain oil, and with the added advantage that it is extremely palatable. Efficiency and palatability have put this product at the top of its class

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. *Dispensed by all druggists.*

Katharmon Chemical Co., St. Louis, Mo.

KATHARMON THE UNRIVALLED REDUCER OF MUCOUS MEMBRANE INFLAMMATIONS In Gastro-Enteritis KATHARMON will be found to be a most potent Remedy. Inhibits Germ Growth—Overcomes Fermentation. KATHARMON represents in combination Hydrastis Canadensis, Thymus Vulgaris Menthol, Arsenic, Phytolacca Decandra, Ichthyol, Acid Boracic, Glycerine, Sodium Benzoate in each fluid ounce of Pure Distilled Extract of Witch Hazel. KATHARMON CHEMICAL COMPANY ST. LOUIS, MO.

No physician can afford to be indifferent regarding the accurate filling of his prescriptions.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets ST. LOUIS, MISSOURI

Digitized by Google

Send Hay Fever, Asthmatic and Malarial Patients to Beautiful Green Mountain Falls

And Come Yourself to This Famous Health-Giving Resort of the Colorado Mountains Where There is Scenery Surpassing Switzerland

THE most charming summer retreat in the Rockies. Frequented by the best class of people. 15 miles from Colorado Springs, 8 miles from Manitou, up the celebrated Ute Pass, on the Colorado Midland Railway. Boating and fishing on the lake; dancing in the pavilion; moving picture hall; illustrated educational lectures, and other modern amusements and advantages to make you comfortable and happy while you store up health and strength.

The Climate, Altitude and Pure, Bracing Pine Laden Mountain Air of Green Mountain Falls are

AN ABSOLUTE PANACEA FOR HAY FEVER, ASTHMATIC AND MALARIAL CONDITIONS.

Numerous leading medical practitioners are sending patients suffering from above diseases to Green Mountain Falls. Many of these patients and many doctors themselves are buying

LOTS IN BULETTE'S SUB-DIVISION OF GREEN MOUNTAIN FALLS

This is a beautiful pine-wooded district 8 minutes walk from R. R. station. Lots nearly ¼ acre in size. Purest water on earth pumped from springs to each lot. This water and electric lighting furnished residents at cost of maintenance of plants. We are selling these lots at very low figures, with small payment down and **small monthly cash payments, or a liberal discount for all cash.** If you are interested in having a home in this beautiful resort, correspond with us at once as the lots are selling fast. We will send you a photograph and plat of Bulette's Sub-division so that you can select a lot just as well as though you were personally on the ground. When you come to Green Mountain Falls, if you are not perfectly satisfied with your selection we will exchange it for any other unsold lot.

Write us at once and you will always be glad you did so.
Furnished cottages and tents for rent. Send for view booklet.

THE BULETTE HOTELS COMPANY

Dr. W. W. Bulette, Mgr. **Pueblo, Colo.**

Digitized by Google

MEDICAL MEMORANDA

In catarrh of the bladder, pinus canadensis is one of our best local remedies, applied through catheter and reduced with hamamelis, hydrastis and such other agents as seem indicated.

Not For a Long Time.—The late Bishop Williams, of Connecticut, was sitting in a box in an opera house where collegiate commencement exercises were being held. The toilets of the ladies were extremely decollete. After looking around the house with an opera-glass one of the ladies exclaimed: "Honestly, Bishop Williams, did you ever see anything like it in all your life?" "Never," gravely replied the Bishop, "never, Madam, since I was weaned."—Ex.

Septic Conditions.—In all septic conditions and where toxins enter the blood, Burnham's soluble iodine is of the greatest value, acting almost as an antitoxin and marked improvement occurs in a few hours time. The dose must be large, 20 to 60 minims every hour until temperature recedes, then diminish. In some severe cases 40 drops have been used internally and 40 drops hypodermically (equal parts water and iodine) every hour, showing marked benefit after a few doses and an ultimate cure.

Summer Cases.—Conditions peculiar to the season now with us will present themselves for your consideration and a reference to the fact that antiphlogistine has proven of particular service in sunburn, bee stings, insect bites, sprains, bruises, etc., will offer you a ready and satisfactory dressing and is procurable in drug stores. In those severe cases of dermatitis following undue exposure to the sun's ray, antiphlogistine will quickly reduce the inflammation and the accompanying swelling and pain. In all cases it should be applied thick and hot and well protected by ample covering.

Cholera Infantum.—With the heated term this dreaded disease begins its ravages among the babies. Elixir Maltopepsine has long since proven to be the most valuable prescription in this ailment. Doctor are you familiar with this preparation? If you are not you are over-looking a most important prescription, and you should send to the Tilden Company, either New Lebanon, N. Y., or St. Louis, Mo., for free samples, and investigate thoroughly, this best of all digestive ferments. At the same time ask for samples of kreo-bismuth, another invaluable prescription in the different forms of summer complaint.

"Sedating a Turbulent Brain."—When a physician remembers that Neurosine is a well balanced formula, each fluid ounce representing 40 grains each of the chemically pure bromides of potassium, sedium and ammonium; one grain of the bromide of zinc; 32 grains of the extract of lupulus; 40 minims fluid extract cascara sagrada; .075 grains each of the extracts of henbane and belladonna; .60 grains of cannabis indica; .060 grains of oil of bitter almonds and five per cent alcohol with aromatic elixirs, he will at once appreciate its excellence as an anodyne and soporific. Each constituent of Neurosine, possessing positive therapeutic properties, lends aid to its congeners and contributes to make the whole the most efficient calming agent at the physician's command. Whilst Neurosine is employed for a host of purposes and in a wide range of conditions, it may be said that its power to sedate a turbulent brain and to allay extreme nerve irritability, gives it distinctive qualities and raises it, head and shoulders over anything else in the same department of therapeutics. For procuring rest during typhoid or other fevers, or soothing a woman experiencing the nervous trials attendant upon her peculiar monthly function, Neurosine will give the best of results. Its palatability and the ease with which it may be taken over a long continued period eminently qualifies Neurosine to take a leading role in the treatment of epilepsy and it is particularly recommended for this condition.

The Anemic Child.—By S. H. Monell, M. D., New York.

While the writer's practice has been mainly concerned with chronic conditions in adults yet looking back over twenty years, there passes before his mind a long procession of children from six to sixteen years of age whose most vivid mental picture is recalled by a single word.

Recently the case of a little boy, under five years old, came before the writer for correction of extreme anaemia. He was a marked case of adenoids and tonsils, but after they were removed there was still present a distaste for food, lack of appetite, and general mental and physical depression. Pills, tablets, and all formulae of an objectionable taste were especially prohibited, for the little fellow had an iron-clad notion as to likes and dislikes and unless his medicine "suited" it might as well be left in the drug store. And we may presume that many children resemble this one.

But an iron tonic that he could drink, and that didn't "taste bad," appealed to him. The first bottle put him across the Rubicon and started his appetite. In two weeks he was a ruddy-faced chap with as much play in him as one could wish. The preparation used was "Johann Hoff's Malt with Iron," and it was only after being reminded anew that it contained the soluble peptonates of iron and manganese in predigested form, ready for immediate absorption by the tissues, that its suitability to this case occurred to the writer. We have never been enthusiastic about the solid preparations of malt for many sick people find them disagreeable, but this particular liquid malt with iron is a clear, wine-colored, neutral drink, of a pleasant odor and an agreeable, aromatic taste, which very few persons would dislike. The peptonates are supported in this formula by nutritious elements combined with diastase for the digestion of starches, the effect being particularly happy.

Anyone who will undertake to estimate the handicap of an anaemic childhood on the business career of a man, or on the maternal and social duties of a woman, will find ample food for thought in contrasting the

Digitized by Google

results of timely oxygenation with the evidences of neglect so abundantly seen around us.

A Good Bismuth Preparation.—After an exhaustive study of the chemical and physical properties of bismuth and its compounds, the chemical experts of Parke, Davis & Co., two or three years ago succeeded in perfecting what many physicians consider the most eligible preparation of the kind—Milk of Bismuth, P., D. & Co., a mixture containing the hydrated oxide of bismuth in suspension. The product is stable under all ordinary conditions of temperature and exposure to light and air. The advantage which Milk of Bismuth., P., D. & Co., possesses over other compounds of the metal is the state of fine subdivision in which the hydrated oxide is presented. This insures its more thorough distribution over the mucous surface of the alimentary canal, upon which it exerts a peculiarly beneficial effect. Its action is not only astringent, but, as some writers have observed, it appears to have a specific effect upon certain lesions, as ulcers, causing them to heal. It is also an antacid and protective, and undoubtedly is mildly antiseptic. Each fluid drachm of Milk of Bismuth, P., D. & Co., represents the bismuth equivalent of 5 grains of the subnitrate.

The Declension of Bodily Vigor.—In the declension of bodily vigor, before instituting measures whose object is to overcome the decline, the chief aim should be to determine with exactness the cause. In the large majority of cases, the cause ascertained, the need for a reconstructive will be plain. The blood will be found to be in need of corpuscular elements, the tissues in general will be in need of a serviceable nutrient. Cod liver oil in the form of a palatable and easily assimilated cordial such as Cord. Ext. Ol. Morrhuae Comp. (Hagee) will meet the every requirement of a patient showing evidences of bodily decline. Not alone do the nutritious qualities of Cord. Ext. Ol. Morrhuae Comp (Hagee) give it pre-eminent value, but its palatability and the ease of its digestion augment in a considerable degree its therapeutic worth.

The "City" Anemic—The hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, of course, remedy the cause of anemia and general devitalization, it almost always assists in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated, and as it is non-astringent it does not cause or increase constipation.

"Non-bacterial" pyuria is very suspicious of tuberculosis.—Amer. Jour. of Surg.

A Nerve Pacifier.—Any remedy that lightens the burden of women during the menopause, is much to be esteemed. Such a remedy is neurilla the action of which is that of a nerve equilizer or pacifier in all conditions of nervous unrest, whether it be in the convulsion of children, or the chronic restlessness of older people. In all such conditions it may be considered as well nigh a specific.—Massachusetts Medical Journal.

The Management of Convalescence.—The systematic use of Gray's Glycerine Tonic Comp. following pneumonia, acute bronchitis, la grippe, typhoid fever, the exanthemata and other acute affections, gives such material aid to restorative and recuperative processes of the body that the convalescent period is not only greatly shortened, but it is freed from practically all of its danger and uncertainty. Normal physiologic activity of all vital functions is promptly established and with these working in harmony, recovery from an acute disease is usually perfect and complete. Gray's Glycerine Tonic Comp. by reason therefore of its proven value as a restorative is probably more often used for promoting convalescence than any other remedy. Its certainty of action, the positive benefits produced, and its freedom from any unpleasant effect no matter how weakened the patient may be, leave little reason for questioning the preference now so generally shown this dependable remedy. That it serves a purpose in convalescence so far reaching and important, and serves it so well, is all the justification needed for its invariable use just as soon as the fury of a pathologic storm has passed and the reconstructive or convalescent period begins.

Use and Directions of Tyree's Antiseptic Powder.—For leucorrhea, gonorrhea, vaginitis, pruritus and ulcerated conditions of the mucous membrane, one to two teaspoonfuls to a pint of water three or four times a day. For scrofulous, syphilitic and varicose ulcers, apply the powder full strength or dilute with boracic acid. As an ointment use from one to three drachms to one ounce of petroleum. For spraying the nose and throat, from twenty-five to one hundred grains to one pint of water (dissolves immediately). For immediate deodorizing and disinfecting, sprinkle the powder directly upon the object affected; the results will be instantaneous. For prickly heat, poison oak, squamous eczema, and other conditions of a similar nature, use from one to eight teaspoonfuls to a pint of water (has proven very serviceable for these conditions). As a deodorant and prophylactic in dental work use one or two teaspoonfuls to a pint of water. For disinfecting offensive cavities, fill them with the powder. For profuse and offensive perspiration, swelling, soreness and burning of the body and feet, use full strength or diluted with water. As a delightful toilet preparation after the bath and shaving, from one to two teaspoonfuls to a pint of water. The price is practically nothing. 25 cents' worth will make two gallons of standard solution.

Digitized by Google

How I Treat Sore Throat—The treatment of the more usual varieties of sore throat will be given under the following heads: (1) Simple inflammatory sore throat; (2) phlegmonous sore throat, tonsillitis or quinsy; (3) ulcerative sore throat; (4) membranous sore throat (5) malignant sore throat.

For simple or inflammatory sore throat confine the patient to the bed or lounge, lightly covered so as to equalize the heat of the body. An emetic of mustard and water or a hypodermic of apomorphine is often of the greatest service at the onset. Then give your patient the 1-6-grain granules of calomel every fifteen minutes for six or eight doses, followed by a teaspoonful of Abbott's Saline Laxative or Salithia in one-half glass of water. Repeat this if necessary to procure a thorough evacuation of the bowel. Demulcent drinks can be used freely. Small pieces of ice in the mouth are very agreeable and will soothe the pain and retard swelling. For fever dissolve twenty-four granules of aconitine (Abbott), gr. 1-134, in twenty-four teaspoonfuls of water and give a teaspoonful every fifteen minutes until the fever is overcome when the dose can be reduced as the case may require. Locally use two Menthol Compound tablets dissolved in a cup of water as a spray or gargle, hourly until better. After recovery takes place and the throat feels relaxed you can use an astringent; I find a half-percent solution of hydrastine hydrochloride in water an excellent one. Spray or gargle four or five times a day until cured. For edema of the uvula I advise puncture.

Ulcerative sore throat.—In this form of sore throat the topical treatment is very important when the disease is superficial. The acid nitrate of mercury may be employed to destroy the diseased tissue in the hope of exposing a healthy surface beneath; this can be kept clean by the hydrogen-peroxide spray. In these cases it is necessary to push calcium sulphide to full effect, backed up by liberal doses, hypodermically, of Nuclein Solution. Spray or gargle the throat with Menthol Compound (Abbott) tablet solution hourly, and keep the throat clean with a solution of hydrogen peroxide. In some cases it may be used full strength. Here it is necessary to give the most nutritious food with tonics of quinine, iron strychnine. To sustain the patient's strength during convalescence give the tablets of Triple Arsenates with Nuclein, two or three after meals for six weeks or more. To increase and to stimulate the appetite quassim is excellent and should be given before meals.

Membranous sore throat.—In this form the treatment is usually the same as in the simple form. However, if there is a tendency to recurrence the application daily of dilute nitric acid will give satisfactory results. Internally the use of quinine, iron, strychnine and nuclein are indicated.

Malignant sore throat.—This is a dangercus form of throat affection and is usually acute in its course. It may last from ten to twenty days, and death may result from gangrene, acute edema glottidis, pyemia and suffocation, due to the bursting of the abscess into the respiratory passages. "Clean out, clean up and keep clean" with calomel and Abbott's Saline Laxative. Then push calcium sulphide to saturation and keep the patient saturated. In addition nuclein, given hypodermically in liberal doses, is required. Apply cold cloths to the throat—this favors resolution and relieves the pain. If the symptoms do not abate apply leeches locally; these often have the happiest results, the affection either disappearing or taking a milder form. Severe pain is best relieved by atropine or amorphous hyoscyamine internally. If in spite of the treatment swelling increases and alarming dyspnea supervenes, scarify the swelling freely. If this is not successful perform tracheotomy at once. At the first signs of pus make an attempt to reach it with the bistoury; this will give instant relief. Nourishing foods and tonics are to be given to sustain the patient's strength. Should the condition become chronic give mercury bichloride, 1-134 grain, or the tannate of mercury, 1-6-grain granule, every hour until improvement takes place, when it can be given less often as required. Calcidin is also an excellent drug, one grain being given every hour.

If the affection is complicated with rheumatism, one-grain tablets of salicylic acid every half-hour, or Calcalith (Abbott) every one or two hours, are very effective. If complicated with gout colchicine will assist in the cure. W. F. RADUE.

Union Hill, N. J.

Lime in the Treatment of Disease—It has been fully and absolutely shown that lime must be a part of every normal diet; that, clinically there are many physiological (such as pregnancy, and nursing) or pathological (such as tuberculosis, infectious diseases, overwork, nervous exhaustion, chlorosis, etc) conditions in which the loss of the mineral elements of the body, especially lime, is higher than the assimilation of those substances; that on the other hand, there is a long period of life (youth) during which the assimilation of minerals and particularly of lime must be higher than the normal dissimilation of the same; and lastly, that in some cases (rickets, disturbances of the normal growth) there is a defective assimilation of lime. In one word, lime salts must be a part of a normal diet in high proportion in: 1° the Physiological cases where mineralization is not yet completed (youth) or when the consumption of lime is exaggerated (pregnancy, nursing); 2° Pathological cases when calcification is clinically insufficient, or decalcification exaggerated (infectious diseases, tuberculosis, overwork, chlorosis, nervous exhaustion, convalescence).

Ferrier has well precised the conditions necessary for "recalcifying" the body. It is necessary: 1st. To prevent the introduction, and, if possible, the formation within the organism, of acids, which would combine with the organic lime and lime salts, remove them and cause decalcification.

2nd. To introduce in the body a lime salt that may give its lime to the fluids and tissues and effect the desired recalcification.

According to Ferrier (La guerison des tuberculeux, Paris, 1906; Le Tubercultux et la Methode recalcifiante, Presse medicale, March 24, 1909), the essential principles are:

1st. For the antiacid diet: Avoid vinegar, lemons, oranges, acid fruit, old cheese,

Digitized by Google

fats (fatty acids), rancid butter, cider, sherry, cordials and spirits and brandy.

2nd. Take wine and beer very moderately.

3rd. No more than 200 or 300 grams of bread daily; leave long intervals between meals.

4th. Eat potatoes, carrots, split peas, cereals, eggs, lean meat (300 or 400 gm. daily) fish (except mackerel, herring and salmon) cook fruit, preserves (not acid).

2nd. For "recalcification" proper: Drink (once early in the morning and halt an hour before each meal) some mineral water containing lime bicarbonate, such as Pougues-Alice and take three times during the day 1 or 2 gm. of lime salts (preferably carbonate and tribasic phosphate). This latter indication is particularly well fulfilled by "Tricacine," prepared from insoluble chemically pure lime salts, extremely finely pulverized and mixed in perfectly definite proportions. Tricalcine is always of identical composion, readily assimilable, keeps indefinitely and is very easily taken. The greatest care is exercised in the preparation of that powder; and it would be a mistake to believe that any calcareous powder might be substituted. Ferrier dwells particularly on the following point: "It is often necessary to supply directly patients with the lime powder, because some druggists give, either intentionally for their own profit, or by simple carelessness, soluble phosphate (glycerophosphate) instead of the insoluble salts the prescription calls for."

How to Use "Tricalcine."—Add the contents of the measure spoon to the food, of whatever nature, and at any time during the meal. This dosage should be exactly adhered to by patients afflicted with tuberculosis in the early stage. When the temperature is continuously above 90°2 the dose should be decreased according to the advice of the physician. For children under ten years, follow the physician's advice, anyway at least decrease the adult dose by half, and give only half a glass of Pougues-Alice mineral water half an hour before meals. "Tricalcine" is absolutely harmless.— Reprinted from November, 1910, Am. Medicine.)

For Summer Health.—When the hot, sultry summer time comes and you're about played out, feeling tired and miserable from heat and excessive perspiration, get a box of Tyree's Antiseptic Powder and use in the bath as directed. It will refresh and revive you, eliminating all bodily odors and is especially good for sore, tired, sweaty feet. A valuable booklet entitled "The Nurse," and a liberal free sample of Tyree's Antiseptic Powder can be had by addressing J. S. Tyree, Washington, D. C. This antiseptic powder also relieves insect bites, sunburn, hives, poison oak and skin diseases. For sale at drug stores in 25c and $1.00 boxes, or sent direct upon receipt of price.

New Chart.—Battle & Co., of St. Louis, have just issued No. 15 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

Judge's Sarcastic Jibe—"Time heals all wounds: time is money; time is just like all other doctors."—Judge.

A Seasonable Suggestion.—We would advise such of our readers as are not familiar with elixir maltopepsine to send to the Tilden Company for a free trial package. This preparation has unusual merits as a digestive ferment. It is especially valuable in the different forms of summer complaint with children. Try it. The preparation is prepared by the old reliable—The Tilden Company, New Lebanon, N. Y., and St. Louis, Mo., who will be glad to send free samples to the profession, and the profession should avail themselves of this opportunity to investigate the preparation.

The theory that mucous membranes in pathological states are self cleansing is a position that can no longer be scientifically sustained and it is only when we fail to recognize the fundamental principle that mucous membranes must be cleansed and kept clean, do we get into trouble and to this end mild antiseptic solutions are necessary. Fail in this, and you only leave an area of infection that will lead you into further trouble. In the treatment of the inflammation of mucous membranes it must be remembered that we deal with a highly sensative tissue, one with an active nerve and large blood supply. Here we have at once two reasons why strong antiseptic solutions such as nitrate of silver or per manganate of potassium should be used only in the mildest solution, better not at all. 1st. After the secretive mucous membrane is cleansed it can easily be kept so and by a mild solution. 2nd. Mucous membranes if kept clean heal readily by virtue of their rich nerve and blood supply. Strong antiseptic solutions destroy the normal function of mucous membrane. The treatment of nasal catarrh is not necessarily the work of the specialist. You will find that Germiletum applied with nasal douche or spray, holding solution in contact for two or three minutes, will thoroughly cleanse the nose, mouth and throat and keep it so. The normal functioning of the membranes will soon become evident.

In Malarial Conditions a diuretic is not indicated as often as the symptoms suggest, as one always has to contend with a torpid liver, that is throwing a part of its work on the kidneys, meaning double duty for the latter. In such cases the rational treatment is to use some agent which will stimulate all the excretory organs, dividing the duty of each and causing thorough elimination. Tongaline either alone or in combination with other agents, as indicated, will invariably expel the malarial and other poisons promptly and thoroughly.

Cough. Through its sedative action on the nerves of the respiratory tract and its expectorant and antispasmodic properties, Glyco-heroin (Smith) allays cough, promotes the expulsion of secretions and tranquilizes respiration. Regardless of its acting cause, cough yields with invariable certainty to the preparation.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX ST. LOUIS, TUESDAY, JULY 25, 1911. No. 2

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

INDICATIONS FOR NEPHRECTOMY.

E. O. SMITH, M. D.

CINCINNATI, O.

Professor of Genito-Urinary Surgery, Medical Department, University of Cincinnati.

Surgery of the kidney began in April, 1869, when Gustave Simon, of Heidelberg, removed a kidney from the living subject. This was the first nephrectomy ever planned and performed on the human subject; it was done extraperitoneally.

From then until now, a period of forty-two years, there has been developed rather definite and well-grounded indications for removal of the kidney.

Simon laid it down "as a cardinal principle that extirpation of a kidney is only permissible when a patient's life is seriously threatened by disease and when all other remedies have failed." To this should be added, "and only in cases where it has been demonstrated that there is present in that patient another functionating kidney. It would be the worst kind of surgery to remove a diseased or damaged kidney if that was all the patient had to carry on the renal functions. To perform such an operation with a knowledge of the conditions, would be wilful shortening a patient's life and all know what the legal term for that is.

Among the symptoms that accompany a surgically diseased kidney are pain, tumor, with blood, pus, epithelia, and bacteria in the urine. All of these may be present in a single case, or there may be only one or more of them.

Pain is not a constant symptom of a kidney in trouble, but when present is usually quite characteristic. Diseased kidneys rarely, if ever, produce a simple pain in the back, the lay opinion and the quack advertiser to the contrary notwithstanding. Pain of renal origin may be of a dull aching character felt in the lumbar region, but in nearly all cases it radiates along the ilio-hypogastric and ilio-inguinal nerves to the inguinal, genital or internal crural regions. It is usually much less severe when the patient is in the recumbent posture, and is aggravated by standing, walking, riding, or any kind of physical exercise. The severity of the pain varies greatly. It may be only an uncomfortable heavy sickening sensation or it may produce the agonies, prostration and collapse of a "renal colic" or a Dietl's crisis, the picture of which is familiar to you all. The pain may be continuous or paroxysmal.

Tumor or swelling, if one be present, needs to be studied carefully. It must be determined whether it is of recent, rapid development, or has it come on gradually and insidiously. Is it constant or does it disappear at times? Is it hard, soft, fluctuating, or tender to the touch? The size, shape, and mobility are to be considered, also whether it is unilateral or bilateral.

Blood in the urine has no bearing on the kidney unless it is demonstrated that the blood is from the kidney or pelvis of the ureter. This fact cannot be established satisfactorily unless the urine is collected from each kidney separately, which can best be done through the ureteral catheter. What is true of blood is equally true of pus and bacteria in the urine. It must be known that the blood, pus, and bacteria are of renal origin. A right sided varicocele is extremely suggestive of renal growth and should always lead to an examination of the renal region on that side.

Among the renal conditions calling for nephrectomy are the malignancies, sarcoma, carcinoma, adenoma and hypernephroma; simple cysts; polycystic degeneration; hyro- and pyonephrosis; tuberculosis; gonorrheal infection; calculi and trauma.

Digitized by Google

The short time allotted to this paper will not permit of a lengthy consideration of each of these conditions. However, brief reference to some of the more pronounced symptoms may be helpful in the consideration of renal cases.

Hypernephroma is a malignant form of tumor that has its origin in misplaced adrenal tissue. These adrenal "rests" may remain latent for many years or they may become active and grow rapidly very early in life. The youngest case reported was one year and nine months of age, who had a large tumor, was operated and recovered. The oldest case, 79 years of age. Most cases are recognized in patients between 50 and 60 years of age. Out of 176 cases collected by Garceau there were none between 10 and 20 years of age. Males more frequent than females. The symptoms are pain, hematuria, and tumor. The tumor if discovered early is of course small, but it may become very large, filling one-half of the abdominal cavity.

Usually begins in the upper pole of the kidney and is therefore not easy of palpation while it is still small. The blood is a very constant symptom and is usually rather profuse. Blood clots may pass causing renal colic. Physical exercise seems to have no effect on the amount of blood in the urine. Pain varies in its intensity, usually not severe, but it may cause death from the intense suffering which it produces.

Carcinoma of the kidney is rare, occurs during middle life or later, pain is very severe and hematuria is apt to be a marked symptom. Rapid course of the disease is significant.

Sarcoma is more frequently found in the earlier years of life. The tumor develops rapidly and becomes very large. There may be but little if any pain, and the same is true of blood in the urine.

Malignant adenoma is exceedingly rare and may appear at any age, presenting about the same symptoms as the other forms of renal malignancy.

Having made a diagnosis of renal malignancy there is no treatment that offers any hope to the patient except surgery, and that very little in a great many cases. It goes without saying that the earlier the removal the better the prognosis.

In some cases nephrectomy is imperative for the relief of symptoms, such as severe continuous pain, profuse hemorrhage and condition resulting from pressure.

Simple cysts of the kidney are very rare and seldom produce any marked symptoms. They rarely attain any considerable size. Urine remains normal. A simple renal cyst requires no treatment unless it causes trouble on account of its size.

Another pathological kidney that is sometimes found in adult life 40 to 60 years of age is polycystic degeneration. It affects women more frequently than men, and is on the left side in about 65 to 70 per cent of the cases. The development of this disease is very gradual and it is little short of marvelous how well some of these patients get along with so little healthy renal tissue. Twenty-five per cent of all cases are discovered post mortem, the patient having experienced no symptoms during life and died from some other cause.

In a great many instances both kidneys are affected and they may become so large that they nearly fill the abdominal cavity. Pain is the most constant prominent symptom. It is not present until the disease is quite well advanced, is aggravated by physical exercise and is paroxysmal at first, later becoming more continuous. The character of the pain often leads to the erroneous diagnosis of renal calculus. There may be hematuria occurring at intervals of a few months or years. During the later stages of the disease there is uremia with its group of symptoms.

The treatment is of course surgical if any treatment is indicated. These patients take an anesthetic badly. In view of the fact that in a vast majority of cases both kidneys are involved the hope of benefiting the patient is very slight. Insufficient elimination of urea positively contraindicates the operation. No polycystic kidney should be removed unless it is causing very severe symptoms and then only in case there are reasons to believe that the other kidney is doing almost double duty. Even though the other kidney is normal so far as can be determined at the time of operation, there is a very strong probability of its becoming rapidly polycystic and causing death within a very short time after removal of the first kidney.

Hydronephrosis is really a symptom rather than a disease until it has continued long enough to cause marked destruction of the kidney tissue.

It is secondary to obstruction to the outflow of urine through the ureter. Frequently the obstruction is produced by calculus, or it may be kinking of the ureter from a movable kidney, or abnormal arrangements of the renal blood vessels or a number of other more rare causes.

The size of the hydronephrotic sac can be determined by injecting it with a solution of collargum or a saturated solution of

Digitized by Google

arygrol, and then photograph with the X ray. In most cases the treatment of hydronephrosis is removal or treatment of the cause. But when it has advanced to almost total destruction of the kidney parenchyma the entire mass should be removed before it becomes infected. When infection and suppuration have occurred then removal becomes imperative, always bearing in mind the functional activity of the other kidney. If the opposite kidney is deficient then nothing more than nephrotomy with drainage is to be recommended.

Pyonephrosis of a particular kidney is diagnosed by means of the catheterizing cystoscope. Given pus in the urine together with symptoms pointing to renal trouble it is necessary to collect the urine from that kidney. If the diagnosis of pyonephrosis is made the kidney should be thoroughly exposed and its condition determined. It should be split and the interior examined. The further treatment will depend on conditions found.

Drainage may suffice, but if large area is destroyed a partial or complete resection should be made.

Renal tuberculosis is rarely if ever primary, but is secondary to tuberculosis elsewhere in the body. It is usually the first organ of the genito-urinary tract to become tubercular. Its first symptoms may be those of cystitis. Here again we are unable to locate the trouble in the kidney without the use of the cystoscope. In case of tuberculosis of a kidney there is very frequently found conditions in the bladder mucous membrane around the ureteral orifice of the affected side which at least arouses suspicions of kidney trouble. Ureteral catheterization and examination of the urine from that kidney will help to clear the diagnosis. If tubercle bacilli are found in the urine coming from this kidney the diagnosis is positive. However, a single negative finding does not prove the opposite. More than one examination may be necessary. Having determined that there is present a tubercular kidney when should it be removed? Certainly not in its early stages as some cases recover. If there are reasons to believe that there is an active destruction of the kidney tissue going on, evidenced by the symptoms of pyonephrosis plus the presence of the tubercle bacilli, removal is indicated. While it would be desirable to remove such a kidney without examining its interior, it is not always advisable.

It is probable that the lumbar wound would heal more rapidly without exposing it to the infectious material within the kidney. In order to avoid making a serious mistake, in case of doubt, the kidney should not be removed until it has been incised, as it is impossible to know how much damage has been done, or how much normal tissue remains until one has inspected the inside of that kidney. Nephrotomy with drainage may accomplish all that is desired. If improvement does not follow in due time, the kidney can be removed at a late operation.

Gonorrheal infection of the kidney must also be borne in mind as a destructive agent making removal of the kidney necessary. It may be the forerunner of a mixed infection. Staining for gonococci should be made in all specimens of pus from the kidney.

Calculi are suspected from lumbar pains radiating to the genitals, with blood and pus in the urine. The pains and blood are increased with physical exercise. If suspected, an X-ray examination should be made by a thoroughly competent radiographer.

Very infrequently is the kidney so damaged by the presence of calculi that it must be removed. The calculi are seldom found in the kidney substance, but they may be so numerous or so large as to have caused extensive destruction of the renal parenchyma. This is determined at the time of the operation.

Rupture of the kidney is preceded by a traumatism, either direct or indirect, followed very quickly by pain, blood in the urine, may or may not be tumor in renal region, with possibly symptoms of internal hemorrhage. Such a case demands an exploratory incision as soon as possible. Whether all or part of the kidney is to be removed will be determined by the extent of the injury.

The application of the X-ray to the examination of the deep body organs has simplified renal diagnosis. Very rarely does a competent radiographer overlook a renal calculus. In fact he goes further and shows us outlines of the kidney thus giving a good idea as to its size and position. Necrotic and tubercular areas may also be shown on the plate. It is good routine practice to have all cases thus examined before operating on the kidney. A correct diagnosis of a diseased kidney has been made in some instances indicating removal, which being done, was followed so very soon by anuria due to a renal calculus blocking the ureter on the other side. Had this stone been discovered and removed prior to the nephrectomy such a complication could have been avoided and possibly the patient's life saved.

Digitized by Google

The details of the methods of determining the functional activity of each kidney would be the subject for a very lengthy paper. The phloridzin, methylene blue, indigo-carmine tests are all valuable, but probably the most satisfactory test is the phenolsulphonephthalein test as developed and applied by Geraghty and Rowntree.

This consists in injecting into the body a certain definite amount of this substance. The amount excreted by the kidneys is determined by testing the urine with a colorimeter. The activity of each kidney is determined by collecting the urine from each kidney separately. The details and technique are not within the province of this paper, but are nevertheless exceedingly important factors in the surgery of the kidney. Estimation of the functional activity of each kidney, and the probable amount of damage already done to a kidney have been made possible by the use of drugs injected into the body by the microscope, the cystoscope, and the X-ray. With the aid of these valuable adjuncts, intelligent scientific renal surgery is now possible.

In closing I wish again to emphasize the importance of conservative renal surgery, and to urge the use of all the diagnostic measures at our command in every case of anticipated operative work on the kidneys. A kidney is a far more important organ than an eye, and no one would dare enucleate an eye except as a last resort.

Treatment of Lobar Pneumonia.—(A. J. Mathison, British Medical Journal, Nov. 19, 1910)—A combination of iodide of potassium and creosote is advised, and the author recommends the following prescription:

℞ Potassium iodide.....3j
Creosote.....3ss
Rectified spirits.....3ij
Liquid ext. liquorice.....3iij
(or four drams of the older pharmacopeia preparation, which he thinks makes a better mixture.)
Water.....q.s.ad. 3vj

M. Sig.: One tablespoonful every four hours.

The antiseptic action of creosote limits the extension of the pneumonic process, while the iodide stimulating cell action loosens the exudate. The author has treated 20 cases of lobar pneumonia by this means, with no mortality, but with abortion of four of the cases.

THE TREATMENT OF PUERPERAL SEPSIS WITH PARTICULAR REFERENCE TO ANTISTREPTOCOCCUS SERUM.*

C. A. BOICE, M. D.

WASHINGTON, IA.

The phenomena, germ invasion of the uterine cavity following labor or abortion, is known as puerperal sepsis. It goes by various names—sapremia, puerperal endometritis, septicemia, pelvic cellulitis, pyemia, pelvic peritonitis, pelvic abscess. Whatever the name, the condition is one of germ invasion, from retained placenta, blood clots or introduced infective material—plus toxine absorption.

These toxines assert themselves in two ways: (a) by a general effect on the nerve and circulatory systems, and (b) by a local action on the leucocytes. The puerperal uterus possesses a large extent of highly vascular surface, estimated at from 100 to 200 square inches. The anatomical peculiarities of the uterine cavity make it an ideal breeding place for the bacteria.

The consideration of septic infection of the parturient woman presents problems which require the attendant to know when to withhold treatment as well as when to actively interfere. In the face of febrile disturbances of the puerperal state, the first consideration must be whether the condition is septic in origin. The absorption of toxic products, whether from decomposition of portion of placenta, membranes or blood clots retained, produce symptoms demanding prompt attention. Before too much is done for the septic condition, be sure that the febrile disturbance is not of malarial, typhoid or intestinal origin.

Retained secundines decomposing usually give a foul discharge, accompanied with marked pelvic tenderness.

This condition, a sapremia, is not so serious affair of itself and according to many operators should go untreated, but its greatest danger is that it furnishes an ideal culture media for the more dangerous bacteria.

For the sapremic condition, when so determined, thoroughly cleanse the external genitals and irrigate the vagina, then dilate and explore the cervix and uterus with the finger and remove any retained detritus, but do no damage to the uterine wall by rough manipulation. The uterus may be swabbed with iodine, pack the cervix and vagina. For a few hours the temperature may be high, but improvement is usually rapid. Again, good men recommend that

*Read at the Des Moines Valley Medical Society at Ottumwa, Iowa, June 15, 1911.

Digitized by Google

outside of packing the cervix and vagina, nothing further be done as uterine contractions will follow and empty the uterus of any foreign material. Maintain drainage, support the patient by food, fresh air and rest, and a good result will ensue.

Curettage is seldom indicated in puerperal states and is probably the most often used plan of treatment, and one which is responsible for much harm. Rarely is it advisable to curette, the use of this instrument breaks down the "leucocyte wall of Bumm" and permits the more ready entrance of the germs and toxines into the deeper tissues.

The management of a patient during the stage of suspected sepsis, will be to promote elimination, maintain nutrition, sustain strength and establish an early immunity to the further harmful effects of the toxines. The Fowler position with an ice bag over the pelvis will materially assist in the localization of the infective process.

When it has been determined that the infection is streptococcic in origin, certain measures are indicated and procedures to be instituted which vary from what is to be done in staphylococcus or colon bacillus infections. A blood examination often is of assistance, particularly in arriving at a prognosis. Quite often the streptococcus can be cultivated from the blood stream.

The amount of leucocytosis is a good index of the resistance to the infection, and a low leucocyte count is usually interpreted that the infection is overwhelming and that the resistance is very low.

Aside from the plans of treatment outlined before, there is now to be considered the use of vaccines and serums. Antistreptococcus serum as marketed is a polyvalent serum, made up from several strains of streptococcic bacteria and recommended on the theory that it contains something which will fit the particular case in hand. Its theoretic action is to neutralize the toxines in the circulation and incite constructive leucocytosis. Were it possible, an autogenous serum would be preferable, but time and opportunity rarely permit.

E. E. Montgomery, (Surg., Gyn. and Obs., Vol. II, p. 48) recommends antistreptococcus serum very highly. Thirty c.c. of the serum brought to a favorable termination a case which had resisted other plans of treatment for three weeks. He reports another case which had a sharp onset with a chill, temperature 105 deg., pulse 140; 20 c.c. of the serum brought down the pulse and temperature; the septic condition persisted; 20 c.c. more was given with good results. Recovery was delayed and surgery revealed abscess of the ovaries and tubes. In this case the serum had undoubtedly materially assisted in localizing the infection and destroying the virulence.

Drs. Herrick and Spillman report a case which three days after a normal confinement had a marked chill with a temperature of 103 deg., rapid pulse, general malaise. A pure culture of streptococcus was obtained from the internal os; 40 c.c. of the serum given at once brought down the fever and pulse and insured a normal convalescence.

Be it remembered that the streptococcus does not produce foul lochia; does not cause noticeable inflammatory reaction. It is rapid in the elaboration of toxines which pass directly into the circulation. When foul lochia and pronounced inflammatory changes are present, the offending organisms are very probably staphylococcus or the colon bacillus.

Irrigations, packing and curettage are useless and positively harmful in the streptococcus invasions. The protecting "leucocyte wall of Bumm" is broken down and the ingress of the toxines made the more easy.

The disease is chiefly systemic and should be treated as systemic. Much of the treatment of infection is done on the theory that the infection is local, and not a systemic disease.

Henry Schwraz (Surg., Gyn. and Obs., Vol. II, p. 527): Streptococci are found in the blood more often than has been supposed, even in localized infections. In acute streptococcus infections, billions of the organisms are found in the blood—they die by the million and their bodies are dissolved, thereby liberating endotoxins which guard the system. The formation of antibodies is greatly inhibited, and to inject more millions of dead germs with their endotoxins is illogical and useless.

Lloyd (International Medical Journal of Australasia, Sept., 1907) has used and has not noted any beneficial results from the antistreptococcus serum.

Schwabland (Iowa Med. Jour., April, 1903, p. 173) reports a case of infection following forceps delivery with perineal tear wherein a gradual rise of temperature occurred, with other signs of infection. On the fifth day the fever reached 104.7 deg. Other methods of treatment having failed resort was made to serum; 10 c. c. doses were given thrice daily. Improvement was early noticed and after 150 c.c. had been given the patient was pronounced cured.

Horrocks (quoted in the Therapeutic Gazette, May 15, 1904, p. 317, from the

Digitized by Google

British Medical Journal) after a large experience says: Serum often acts wonderfully well, and again as often fails to give satisfactory results. He recommends 20 c.c. doses or 60 c.c. daily in addition to the local treatment of the wounded surfaces.

Therapeutic Gazette for December 13, 1903, p. 837, quotes Edgar from the Medical Record where he says that Wallich used antistreptococcus serum as a prophylactic in 383 women in whom he had reason to fear infection from accidents of labor. Nevertheless 56 developed phenomena of infection. It is granted that serum has prophylactic properties.

Polak (New York State Journal of Medicine, April, 1911, abs. in the Jour. A.M.A., Vol. 56, p. 1357): Inoculation with autogenous vaccines will promise prompt results in staphylococcic and colon bacillus infections; but in streptococcic poisoning, vaccine treatment is unreliable and is of vlaue only when the germ is attenuated, or when Nature has already developed phagocytic defense.

Barsony (Obstetrique, Paris, abs. in Jour. A.M.A., Vol. 54, p. 415) advocates intravenous injections of bichloride of mercury, after having used it six years. In well established cases of sepsis he injects .005 gm., and unless temperature falls, repeats the same day. Injections are continued, with smaller doses unless signs of intoxication develop. Infected persons need and tolerate large doses. In one case 28 injections were given in a period of 16 days with recovery. In another case with a red cell count of 1,200,000 and a hemoglobin estimate of 20 per cent, recovery followed the use of the bichloride. He uses in addition permanganate vaginal douches. In 2736 obstetrical cases, there were but two fatal septic cases. He has decided to employ a 2 mg. injection as a prophylactic in parturient and operative cases.

Jachke (abs. in Jour. A.M.A., Vol. 55, p. 544) directs prognostic attention to the condition of the blood pressure, having found blood cultures disappointing. He considers those cases favorable in which the heart and blood pressure remain normal.

New and Nonofficial Remedies, 1911, p. 56, describes the action of the antistreptococcus serum as doubtful. Hektoen, Weaver and Tunnicliff recently examined the preparations found on the American market, and report: "Streptococcus opsonins could not be demonstrated in any of the serums tested, and activation by fresh serum was not accomplished to any significant degree. When they were injected into rabbits, increase in streptococcus opsonins could not be demonstrated in the animal's serums to any notable degree, except in some instances. Attempts to obtain protective and curative serums in rabbits, guinea pigs, and in a more limited scale in mice, met failure. The serums often seemed to reduce the natural resistance and to hasten death." "It is our belief that the claims for the usefulness of antistreptococcus and antipneumococcus serum rest on impressions from results in clinical cases in man, and have in most cases no foundation whatsoever in experimental tests."

Fromme (abs. in Jour. A.M.A., Vol. 50, p. 1947) says that as long as the blood is found sterile the prognosis is favorable.

Gordon (abs. in Jour.A.M.A., Vol. 51, p. 2094) found serum almost useless except where toxemia was intense with slight local lesion. Urticaria was frequent. He now gives 50 c.c. of the polyvalent serum with the normal salt solution by hypodermoclysis and thinks that his results are better. He reasons that the normal salt produces a leucocytosis, which aids the serum by furnishing the needed complement.

Aronson (abs. in Jour. A.M.A., Vol. 52, p. 1727) had good results experimentally in saving monkeys and mice in streptococcus peritonitis by the use of the serum. Control animals died in eighteen hours.

Pinard (abs. in Jour. A.M.A., Vol. 53, p. 2041) reports in a French journal some lessons learned from the care of 58,213 parturient women. He concludes that if there is a suspicion of infection it is good practice to give the antistreptococcus serum together with antiseptic douches as a prophylactic. His charts show that the use of the serum increases the resistance to the infection. He gives 40 c.c. of the serum twice daily for three days, or as long as needed. He has given as high as 600 c.c. with recovery. The morbidity has dropped since 1890 from 25.76 per cent to 5.64 per cent. The mortality has dropped in the same period from .72 to .18 per cent; for 1907, the mortality in 3023 deliveries was only .03 per cent.

Schwarz (Surg., Gyn., and Obs., Vol. II, p. 522) says that in all cases in which the germs—streptococci—were cultivated from the blood, death ensued.

Seaborn (N. Y. State Journal of Medicine, April, 1911): The best therapeutic results are obtained by the early and repeated injections of large doses (30 c.c.) of the serum. In puerperal sepsis the serum is to be preferred to the vaccine. Vaccines are

Digitized by Google

of use only when used early, before systemic infection has occurred.

E. M. Deacon (Medical Record, Jan. 8, 1910, p. 64) details a case in which puerperal infection followed a perineal laceration. The onset of the septic symptoms occurred on the third day. Hot antiseptic douches were tried for several days without benefit. On the tenth day the temperature reached 105.5 deg., pulse 160, severe chills, delirium, fetid lochia. The injection of diphtheria antitoxin was now begun in an effort to stimulate leucocytosis., 9,000 units was given daily; this was continued for six days; the improvement was gradual; a relapse occurred but more antitoxin brought about a favorable result. In all 70,000 units were given.

J. O. Polak (Surg., Gyn. and Obs., July, 1910, p. 49) reports the treatment of seventeen cases in which the streptococci were isolated from the blood. In all the uterus was empty and contracted, with a purulent discharge. All septic symptoms were present, with a rapid destruction of the red cells, low hemoglobin, low leucocytosis. The treatment was supportive—fresh air, free diet, large amounts of water, and normal salt by enterolysis and hypodermoclysis, and increasing doses of arsenate of iron hypodermically. Potassium citrate was given to maintain blood alkalinity, stimulation by strychnin and alcohol. All recovered except one which died of septic endocarditis.

There is no panacea for puerperal sepsis. The indications for treatment in any case are: (1) sustain the patient, give tonics, rest, good food and plenty of fresh air in order to raise resistance and increase immunity; (2) secure free elimination by the judicious use of cathartics, diuretics, diaphoretics, normal salt hypodermoclysis and the electric light bath; (3) any operative interference must be carefully considered. Hysterectomy is sometimes advised when the uterus alone is septic. The cul-de-sac is sometimes opened in appropriate cases. But any traumatism to the uterine cavity is distinctly contraindicated. Curettage is rarely to be used as it breaks down the protecting leucocyte wall and permits a more free ingress to the toxines; (4) when the streptococcus and its toxines have entered the blood stream, local measures are without avail. Antistreptococcus serum was hailed as a boon here equal to diphtheria antitoxin, but has failed to live up to expectations. I was able to find some reports in the literature where marvelous results were obtained, but more reports detailed failure. It has distinct properties as a prophylactic. It should be given early in large doses—30 to 40 c.c.—and repeated in twelve or twenty-four hours. As long as the blood stream is sterile and the blood pressure remains near normal a favorable outcome may be expected, but do not put too much faith in antistreptococcus serum.

MENTAL STRAIN.

D. L. FIELD, M. D.

JEFFERSONVILLE, IND.

Late hours given to mental toil; not enough sleep, and not enough physical exercise and relaxation, is hurrying men and women to premature graves. Many have such a weight of business care in the eagerness to possess fame or fortune, that when they do lie down to sleep, the mind does not rest; but runs over loss and gain, trade and speculation, until the temples throbs, the heart palpitates, and the nerves tremble like an aspen leaf, till the hours for sleep have passed, and the strength is exhausted. The same thing is repeated from day to day, and from night to night, until some disease of the mind or body is the result. Their lives often become wretched.

Dr. Roger S. Tracey, of the New York Health Board, once said: "The exhaustion brought on by continued waste of nerve tissue, and unceasing molecular conflict, so to speak, is not only a source of danger, but of suffering to thousands. To obviate the ill-effects of such wearing out of the nervous system, some take to stimulants with which to supply an artificial strength; finally there comes a time for a premature breaking down; and the poor man or woman either dies, or lingers a wreck of what he or she once was." It should be written on every wayside, "Give the mind its required rest!"

Many occupations are necessarily exhausting to the mind. Lawyers, physicians, bankers, and railroad officials, are often too much burdened by exhausting care and anxiety. Too much responsibility imposed upon them.

Nature has stamped the decree of the Creator upon our physical constitution, as well as upon our minds, that when we begin to break under too much physical or mental work, the warning comes, "thus far and no further" must we go. When the faculties begin to give way under the load of mental worry and care; and the physical man begins to tire, it demands rest; and he who disregards the warning, will reap the penalty in arterio-sclerosis, paral-

Digitized by Google

ysis, paresis, Bright's disease, and often insanity.

As a well preserved old age comes on, it should be life's resting place; not that the rest of age means idleness, but more time for thought and action. It is not to rust out, nor become listless and stupid, but remember some of the most wonderful things have been done in old age. Plutarch learned the Latin language after he passed his sixtieth year. In old age, as in childhood, the time of mental effort must not be continued too long at one time.

The mentally sound and physically strong are those whose lives are methodical, systematic, and who get rest betimes; maintain an equilibrium of mind and body, who live cheerful lives, and enjoy the beauties of Nature, viz., the farmers; they are the people. Because of their habits and environments, they are the healthiest, happiest and best people on earth.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER VI.

A watchmaker recently remarked to me that it wouldn't cost people so much for watch repairs if they wouldn't poke the wheels with pins and toothpicks. Experience shows that doctors wouldn't have half so many patients, and serious cases, at that, if people would refrain from experimental attempts at their own cure. If I had a cold, and was not a doctor, myself, I think I should know enough to take a sweat and try to check it. If that cold got worse, in spite of simple treatment, I think I should consult a doctor qualified to treat it understandingly. Perhaps I might put up with a druggist's advice, one who would confidentially whisper, over the counter, that he had a choice remedy that would cure the cold and everything else that might come along.

The majority do not go as far as that. Failing the advice of some kind friend there are advertisements galore which save doctor's fees, so they say, and are backed by all sorts of testimonials and guarantees.

Who will listen to wholesome advice as to rest and quiet, peaceful life and diet, when you can purchase perfect health restoratives for fifty cents a bottle with the money back if not cured?

What's the use of paying a doctor, for a prescription, when you can detail your symptoms to your druggist and buy the medicine with the advice thrown in gratis?

You can't convince the average person, until, he has had experience, that it is not the prescription that is paid for, when they consult the doctor, but that they do in reality pay for wholesome and rational advice as to what they should do and should not do. Few realize that the doctor looks beyond the present conditions, that he considers the past and the future, in his judgment, and advises compliance with conditions that are for the best.

The average person considers that all the efficacy of medicine, as an art and science, lies in the drugs that are given. Has my lady a headache? Without regard to the causation or significance of that headache she buys a box of anti-headache tablets, and henceforth a supply of phenacetine may be as much of a necessity to that woman as a well-filled tobacco pouch is to an inveterate smoker. True she does not know it by that name nor does she connect the all-gone, I feel-as-if-I-should-die feeling that she experiences with the use of the drug; she says and believes that it is the effect of the headache.

It seems so harmless, this taking of self-prescribed drugs for headache and the effect is so marvelous at first that the dose is increased to the danger point and the health suffers, and yet it is an insidious habit; it grows on one until it may become almost a daily routine.

Strychnine, morphine, chloral, bromides and sulphonal, not to mention many other drugs are all considered "good for neuralgia, or cures for insomnia." Individually, or in combination, they are taken by thousands without any medical advice or caution, while the same or similar drugs enter largely into "patent medicines" which purport to be harmless, and it is this element of chicanery that fills the coffers of the "medicine man" and the coffins of the undertaker. "Once taken, always used," is a fitting legend for these medicines, for they create an I-can't-get-along-without-it feeling that calls for more and pleases the proprietor by the constant and ever-increasing demand.

There are bitters, too, which should be labeled "bitters," for they create an appetite worse than the seven-years' itch, only the appetite is one of thirst rather than hunger. And the queerest inconsistency about their use is, that even temperance ad-

Digitized by Google

vocates declaiming, in bitter polemics, against the use of alcoholic beverages use these very bitters, containing 50 per cent, more or less, of alcohol, as stimulants in their arduous work, endorse their worth, and recommend them to their friends, if not to the public.

Lovely woman, strange to say seems to be the worst offender in this respect. When her nerves are on edge, and she feels run down, she takes her tonic, in her boudoir, as shamelessly as the man takes his bracer at the public bar, and as the effect wears off, another is necessary, until the taking of "nips" and "pick-me-ups" becomes chronic.

Nor is this habit of quieting the nerves confined to the much maligned smart set. Experience brings to our notice women in all grades of life, who, though never noticeably under the effects of liquor, are undermining their own constitution and that of their children, and blighting their mental and moral health by modified tippling, under the guise of medication.

Railroad Hospital Department.—The employees and officers of the Illinois Central Railroad recently voted to establish a hospital department to be maintained by a contribution of 50 cents a month from all employees. In return for this the men will receive in times of sickness hospital treatment at designated hospitals, or treatment at home or at the offices of the department surgeons, medicines, and surgical dressings, artificial limbs and eyes, surgical appliances, and spectacles required as the result of an injury. In the case of the death of a contributor an allowance for burial will be made.

Decrease in Death-Rate.—There were 34,506 births reported in Greater New York during the first quarter of the present year, an increase of 1,901 over the same period in 1910. The number of marriages reported was 11,495, an increase of 1,412. The number of deaths was 20,876, against 20,660 in 1910, an increase of 216, but the death-rate was 17 per 1,000 against 17.45 during the first quarter of last year, a decrease of 0.45 of a point. In children under 1 year there was a decrease of 468 deaths; in children under 5 years, a decrease of 1,099, and a decrease of 620 deaths in the ages from 5 to 65. In the group, 65 and over, there was an increase of eighty-five deaths.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The City Hospital Situation.

So much of misinformation relative to the St. Louis municipal hospitals has appeared in certain of the local dailies that medical and other readers may have gained the erroneous impression that a carnival of mismanagement and inefficiency is being carried on in these institutions. Quite the contrary is the fact, and the reorganization now being effected is working itself to a perfection which has long been desired. But the fact of this misinformation excuses some space for the facts as they are.

Away back in time immemorial, St. Louis established a municipal hospital to care for the city's dependent sick. It was housed and equipped in the then approved manner, and its conduct was up to the times. With the growth of the city, new needs called for new departments and extension; old convents and dwellings were pressed into service, remodeled and made to do for housing, but methods of conduct remained largely what they had been. Conservatism was shown in this in a way characteristic of some of St. Louis' efforts; what had been good enough should still be good enough, change was hardly thought of and innovations not welcomed. During the greater number of the twenty years in which we have been familiar with the hospitals, they have presented a picture of officials doing the best work which they could in the buildings provided and with the materials allowed, but they were open to every criticism which has recently been voiced when considered from points of effectiveness as charitable institutions, of civic economy, and in the light of their purpose to impart medical education. It is an unquestioned fact that there was abundant reason why the poor dreaded these hospitals, and kept away from them if it was possible. Medical education, which is a tremendous industry in St. Louis, was here supposed to be furthered, but the supposi-

Digitized by Google

tion and the condition which formerly existed were far from identical; the material which was abundant, was not made available in any intelligent manner for this purpose. Another objection, and one which is largely responsible for the attitude of the press at the present time, in that it has been remedied, was that reporters had free access to the hospital, running at will through its wards, lending a sympathetic ear and getting the confidences of the unfortunate inmates and making these revelations a principal news feature, much to the distress of those who have the same right to protection from such intrusion as have those who have fared better in a financial way. All that has been said of the city hospitals seems to us true of the hospitals as they were, but not as they are.

Until within recent years no one has seemed particularly interested to change this condition, but there came to the city a physician who was not only well educated, but who was also filled with aggressiveness and initiative. He had doubtless been studying the hospital situation from the beginning of his residence here, and long before any results were apparent, but to the surprise of us all we heard some three or four years ago that he was promoting a reorganization which was to be effected and a new regime inaugurated; bills to that end were pending in the municipal assembly. It took a long time to convince the profession that there was the slightest possibility that these bills would be seriously entertained, or that it had any call to support them, but presently this fact dawned upon it, and a half-hearted support resulted, and not a little opposition, but finally the bills carried, and the reorganization was undertaken. These bills provided for modern hospital conduct under a hospital board, hospital commissioner and medical staff. A hospital commissioner was to be selected to be placed in charge of all of the municipal hospitals and immediately the dormant interest of the profession was awakened. Some of those who had opposed the reorganization were very ready to be made hospital commissioner, but the Hospital Board and Mayor after serious consideration, decided one man was peculiarly conversant with the scheme of reorganization and could insure its successful carrying out, and that he was none other than the man who had had the foresight and brains to bring about the reorganization. His appointment was opposed by the same elements of the profession that opposed the reorganization plan. Some had honestly studied the plan and deemed it impractical; some were simply conservative and felt that no change was needed; others were of the medical aristocracy, which has been placed in high places through birth, marriage or accumulated wealth and believes that wisdom will cease when they are called to their fathers; and a few opposed through natural antipathy or indifference. Outside opposition was largely traceable to one or another class of medical opponents. Yet the reorganization was started and Dr. Morfit was made Hospital Commissioner. Both had the confidence of many and it was the belief that aggressive, effective work would be done; already the belief is amply justified by events.

Of course, no thinking person would for one moment dream that the mere enactment of a bill could reorganize such vast institutions as the St. Louis Municipal Hospitals. It of necessity takes time, much time, and energy. It calls for co operation, and is impossible of accomplishment without making some antagonisms and creating some ill-feeling. That the path was not to be a rosy one for the newly appointed commissioner was early apparent; his prominence was resented, his success belittled and the scheme of reorganization disapproved in generous utterance. The hospital commissioner did not know where to turn for loyalty during those first days but, fortunately, he is of the type which does not falter when he feels assured that his cause is just and his purpose clean. We doubt if another would have fared differently. Hardly had he gotten things lined up with medical men and employees and the board so that each knew just how to take the other when he fell under the ban of another powerful interest, the press. One of the things long desired by the profession and inmates of these hospitals was a curtailment of the liberties of representatives of the press in the hospitals, the evidence of this necessity was so apparent that it was an early order under Dr. Morfit, for it he has had to bear a fusilade of criticism and objection since. It appears the gentlemen of the press would find Dr. Morfit a man after their own hearts if he would only let them do whatever their own sweet will dictates, but he, fortunately, has the interests of those over whom he has charge prominently at heart and is not particularly interested in making news.

We all have long foreseen that sooner or later St. Louis would have to expend more money on her sick poor, and the endeavor to enact a bill to in a part meet the evident need has been the source of the latest attack. Our hospitals are tremendously in

Digitized by Google

need of better facilities (other than buildings) for doing their work, which means the expenditure of money. It develops that the inmates and attendants are miserably fed; that the internes are unpaid; that there is pressing need of more nurses and attendants. In the face of the evident need why should the call be defended. The city must furnish the money to meet it. A bill has been introduced and is pursuing its hazardous journey through the municipal assembly to provide for this need. It is being opposed by some of the daily papers, and rather weakly supported by the others, yet it appears that it will probably carry, and it will then be up to his Honor, Mayor Kreismann, to show just where he stands on the subject. That St. Louis is spending less on her municipal hospitals than are other cities is a demonstrable fact; that she will still spend less, even though she allows the money now asked, than do many others, is another fact.

Commissioner Morfit is suffering nothing from the attacks made on him and on the scheme of reorganization, on the contrary such attacks are making friends every day. No open minded citizen, who was familiar with the hospital in the former days, could possibly visit it today and not feel satisfied with the changes which have been made. Dr. Morfit and those who are working with him will, of necessity, be considerable time yet in perfecting the new plan of conduct, but every day sees improvements and an increased advantage to every class concerned in the municipal hospitals.

Dr. Wiley.

So much of good has been accomplished since the National Department of Agriculture put Dr. Harvey Wiley in charge of its Bureau of Chemistry that we cannot help feeling regret that there has developed something of a smudge in connection with the head of that bureau just now. We are not yet ready to pick out the aggrieved interest which is responsible for the trouble, or to decide in our own mind whether it originates in such a source; we are content in the confidence that the elements of good in the crusade for pure drugs and pure foods will continue and the work will progress, whatever the outcome. We even have the temerity to believe that it is possible that there are some who are opposed to Dr. Wiley who are not at all opposed to pure foods and drugs. Our mind harks back to the two experiments with benzoates to determine their harmful effect on man, and to certain other things of like character which indicate that it is possible to get a fixed idea and to arbitrarily force it as a fact until it becomes generally accepted whether or no. The clouds will clear and progress will continue.

Callus about a perforating ulcer of the foot is a trophic disturbance not dependent on pressure for its cause.—Am. Jour. Surg.

New St. Johns Hospital.—The work of construction on the new building for St. Johns Hospital, which is being erected at King's Highway and Park View Place, is well under way. The foundation is completed and the superstructure is begun. The sisters are wisely using every endeavor to save the grand old trees which stand in the grounds and which should add to the comfort and beauty of the institution later.

The Hospital Association Excursion.—The river excursion of the Medical Society of City Hospital Alumni, which was held on the evening of the 13th proved a most delightful affair. Including wives, sisters and sweethearts some three-hundred took the trip and the various reports have it that the evening was one long to be remembered. Something like $100.00 was cleared which will be contributed to the Medical Library by the association.

Seeing the Soul.—Some years since the public was edified by the statement of an eastern scientist that he had been able to weigh the soul, and that by determining the slight decrease in weight immediately consequent to death. Not to be outdone Dr. P. S. O'Donnell, of Chicago, is announced through the daily press to have seen it. It is described, as something of an aura which disappears with death. Whether it is the soul, and whether discovering it will have been of the slightest advantage, if it is, remains to be seen.

A. S. Aloe Surgical Instrument Co.—The announcement that the A. S. Aloe Co. has purchased the Blees-Moore Surgical Instrument Co., and will after closing out the affairs of the latter company open a modern and completely stocked instrument store at their Olive street location, is welcome news to the profession. During recent years conditions have been teaching the profession to deal direct with Chicago, Hammond and New York; we believe that the Aloes will bring this business back to St. Louis, which will be as it should be.

Digitized by Google

WHAT THE MEDICAL EDITORS ARE SAYING.

The A. M. A. and the Publishing Business.—It might seem that an independent journal expressing its opposition to the tendency of the American Medical Association to engage in the publishing business on a large scale simply voices a fear for its own safety. The Lancet-Clinic is, however, too old and too firmly established to really lay itself open to the suspicion of interested motives in protesting against the tendencies mentioned.

The association is now engaged in printing and publishing the Journal A. M. A., Archives of Internal Medicine, American Journal of Diseases of Children, and will soon begin issuing the Archives of Surgery. The president has recommended in his annual address, no doubt after conference with the Board of Trustees, that a health journal for the laity be established. In addition, the supposed necessity for a more practical medical periodical than the ponderous Journal A. M. A. has led the president to recommend the issuance of a small monthly to appeal to "keen, earnest, industrious, overworked and ethical men, who desire and require scientific medical assistance," to quote his words. The Reference Committee on Reports of Officers did what was expected of it, and suggested the adoption of the recommendation, which the House of Delegates, as was also expected, obediently concurred in. Then comes Arthur T. McCormack, of Kentucky, and offers a resolution "that the Board of Trustees be hereby requested during the coming year to consider the practicability of asking any or all of the sections to select a competent author to prepare a one-volume text-book on the branch to which such section relates, to be published by the association and sold to the profession at cost direct or through the county societies." The resolution, being referred to the Board of Trustees, we can shortly expect a series of books bearing the imprimatur of the A. M. A., and "none genuine without the signature."

Simply mentioning the impracticability of deciding on an author in proper repute with the board, it might be well to suggest that the next step is to place all other text-books on the index expurgatorius. The journals now issued already show how cribbed, cabined and confined they are owing to the absence of all initiative and aggressiveness. They are in good form just as were the leaders of thought in good form preceding the French revolution. Anyone can imagine the contents of the "breezy, gossipy, personal helpful magazine," recommended by President Murphy in his inaugural address. Its editor will be as circumscribed in his activities as the bovine tied to a stake by means of a short chain.

A great publishing house like the Methodist Book Concern lends itself admirably to the issuance of books and periodicals on matters of doctrine that are accepted without question by a docile church membership. The American Medical Association is composed of a different class of men and women. The very nature of a physician is to question, to compare, to judge. Besides, the rapidly advancing series of discoveries in medicine are themselves calculated to render nugatory any effort to set an arbitrary standard. The attempt at enlarging the activities of the association in the line of publishing will end disastrously. One can prophesy that simply by reference to the law of probabilities.—Lancet-Clinic, July 17.

Eye-Strain and Morals.—A popular lay magazine has been publishing a series of well-written articles on the evils of eye-strain as well as the evils of bad refraction and the consequent wearing of improperly fitting glasses. The writer essays to prove that most of the inmates of penal institutions and reform schools are there because of bad eyes which were neglected and not provided with proper glasses. Bad morals are caused by bad eyes and when ocular defects are not corrected persons so afflicted are likely to commit such infractions of the law as to become wards of the State or civic authorities. Stealing and its more refined neighbor, kleptomania, are given as quite often the outcome of eye-strain. Alcoholism, dope habits and numerous other perversions are likewise attributed to ocular defects, to say nothing of mental incapacity, idleness, shiftlessness, and, in a word, general cussedness. Headaches, neuritis and numerous aches and ills are caused by the same trouble. In 1700 cases of headache eye-strain was the main etiologic factor in every case. The writer of said article gives evidence of sincerity and of possessing skill and competency. Case after case is adduced to show that properly fitting glasss improved persons physically, morally and mentally.

Ophthalmology has done wonders in clearing up and improving conditions that could be reached in no other way. Refraction has reached a stage of precision that was unknown a few years ago. No one

Digitized by Google

will for a moment question the incalculable good that may result from lenses that fit the eyes. But after all it gives us a trifle, well, brain-strain, to conceive that glasses will in a wide-reaching manner make over the whole moral nature of an individual. There is a judicious limitation to every good thing, even spectacles. Ocular defects often go with cases of a psychopathic order, and the relief of the eyes may in some instances improve the moral as well as the physical side of one's nature. It would, however, be absurd to attribute all our shortcomings to this one source. Good ophthalmology is of course capable of accomplishing a great deal. Unfortunately too many inferior, careless and unscrupulous men are in the business of tinkering with our eyes and supplying us with glasses. There should be a wider hue and cry for reliable oculists and ophthalmologists, and the incompetent and indifferent ones should be weeded out. Great harm may result from bad glasses. If artificial aid to the eyes is indicated the greatest care and skill are needed to supply this requisite. As we have said before, too many people, especially children, are wearing glasses these days. Proper use of the eyes would so often obviate the need of wearing them. We abuse our eyes from our early school days, and expect the trouble we have brought upon ourselves to be corrected simply by putting on spectacles. Is a slight astigmatic trouble a justifiable excuse for the constant wearing of glasses? Who, by the way, has no signs of astigmatism these days?—Med. Summary.

Cost of Plague.—The effort to stamp out plague on the Pacific Coast has cost the Federal government $800,000, and the California government $500,000. Up to March 4 nearly a million rodents had been collected, of which one thousand were found to be plague-infected.

The American Proctologic Society.—At the thirteenth annual meeting of this society, held in Los Angeles on June 26th and 27th, the following officers were elected to serve for the ensuing year: President, Dr. John L. Jelks, of Memphis; vice-president, Dr. Alfred J. Zobel, of San Francisco; secretary, Dr. Lewis H. Adler, Jr., of Philadelphia; executive council, Dr. George J. Cook, of Indianapolis, Dr. John L. Jelks, of Nashville, Dr. Dwight H. Murray, of Syracuse, N. Y., Dr. Lewis H. Adler, Jr., of Philadelphia.

TREATMENT

Antipneumococcus Serum. — Preston Kyes, Chicago (Jour. A.M.A., June 24), says that with the pneumococcus, as with most other bacteria, the bulk of immunologic studies have been made with animals relatively susceptible to the organism. On the other hand, the general studies concerning antibodies have shown that their production is not directly dependent on any pathogenic value of the substance injected. He has tried to find antibodies to pneumococci and their products by the systematic inoculation of a relatively insusceptible animal with extreme doses of virulent pneumococci, selecting for the purpose the common barn-yard fowl, which, like most birds, is rather resistant to the germ. The pneumococci employed were from a case of human acute lobar pneumonia, and the protocol of the experiments is given of those made on a white Leghorn rooster weighing 2,000 gm. It received twelve inoculations of pneumococci during a period of eleven months. Following each of the first two injections the bird was distinctly sick, and also after the eighth injection for a rather long period—thirty-six hours. The bird steadily lost weight during the immunization. Seventeen days after the final inoculation the animal was bled to death and the serum saved for a series of tests as to antibody contents. The details of the tests are given. The first ones were made in vitro, and showed that the serum produced a complete change in the bacterial suspension, which is to be interpreted as due to bacteriolysin and agglutinins. Immediately afterward the contents were injected into a white mouse weighing 15 gm., and the experiments showed that, in contrast to the normal fowl serum, the immune serum, when present in sufficient concentration, modified or destroyed the lethal action of pneumococci for mice. In those instances in which the serum was injected coincidently with the organisms, the protection was complete, and where it was injected after the animals were definitely sick the protection was marked, and in one instance, where the injections were pushed in an attempt to save the mouse, the recovery was complete. The length of survival of the mice is directly proportional to the amount of serum injected; the mouse receiving 1 c.c. of serum died after thirty-two hours, those receiving more lived still longer, and the mouse receiving 6 c.c. recovered completely. The striking im-

Digitized by Google

provement after each injection was very noticeable; though apparently moribund, they recuperated, and were apparently normal for a time. It is to be emphasized, he says, that in these experiments a very highly susceptible species was inoculated with 100 times the acutely lethal dose, and that in the therapeutic test the animals protected were prostrated with the infection before the injection. He concludes that it is possible to obtain from fowls a serum with specific antibodies. Further work now in progress will be reported.

Vaccine Treatment of Typhoid Fever.—James G. Callison, New York (Medical Record, June 24, 1911), has for two years treated with vaccines all of his cases of typhoid fever. Beginning with the small dose of 25,000,000 he has increased this to 500,000,000 at intervals of two to three days. In prophylactic vaccination three injections are given each at an interval of ten days. Antibodies begin to develop on the fifth to the tenth day; they are bacteriolysins, opsonins, and agglutinins. There is an incubation period between the injection and the beginning of formation of antibodies, and then the amount of these bodies rises for twenty to twenty-five days, after which it gradually falls during a period of one year. In an attack of typhoid fever there is a rise of temperature for eight or ten days until the bacillus may be demonstrated in the blood. Then there is a period of even high temperature and the Widal reaction becomes evident in smaller dilutions, followed by a gradual decline. This is to be compared to the similar rise of antibodies in vaccination. Recovery from typhoid fever and the development of immunity are brought about by a similar mechanism. Thus one should expect little effect from the vaccines in the first eight or ten days; then the antibodies natural to the disease and those artificially developed combine to cause improvement of the symptoms. The author gives an account of the systematic treatment of typhoid fever by vaccines as reported by various authors, and reports 23 cases treated by himself. Three of these are excluded because not treated in the proper stage of the disease. Of the twenty remaining cases there were one relapse and three deaths. There were three failures, all of them becoming septic in their temperature curve. The deaths were from rare complications: femoral phlebitis, lobar pneumonia, and meningococcus septicemia. There were hemorrhages in three cases. Other complications were rare. The cases seemed better, showed a better appearance, and were more comfortable, having better appetite and sleep. Of 214 collected cases the mortality was 5.6 per cent. Relapses occurred in 5.1 per cent. The vaccine does not seem to have done harm. The inoculations were subcutaneous. Almost universally where used the treatment is considered to have done good. It lessens complications and relapses.

The Treatment of Cancer.—E. H. Risley, Boston (Journal A.M.A., May 13), reports a series of experiments with cancerous ascitic fluid suggested by the Hodenpyl case. He remarks that spontaneous retrogressions of malignant tumors have been known to occur and cures have been reported. We can conceive of the production in the body of some substance acting on the tissues surrounding the tumor so that the stroma necessary to its sustenance is made to degenerate, possibly by the development of a connective tissue barrier cutting off its nutrition or of a substance acting as an antibody to the cancer and its products. It is not unreasonable, therefore, to suggest that the cancer patient, as well as the patient with other infections, can manufacture substances retarding the morbid process. One group of cancer patients was treated with ascitic fluids obtained from patients with cancer in all stages. It was attemped, so far as possible, to obtain ascitic fluids from patients who were especially resistant to cancer. A second and smaller group was treated with various normal and abnormal body fluids in order to determine their effect on the disease. A third group of untreated patients were watched coincidentally for purposes of comparison. None of the body fluids used in the second series, except spermatocele fluid, which had a decided stimulant effect, especially on females, had any beneficial effect on cancer patients. The cancerous fluids used were five in number and are designated by the initials of the patients affording them, and the effects of each were noted. The fluids were obtained under due antiseptic precautions and the injections were given subcutaneously, remote from the tumor, and also in some instances in large doses and as near as it is possible, likewise in large doses, and in an altogether similar way with small doses. The history of the forty-five individuals treated is given in detail. The definite results obtained are stated as follows: In five cases there was decrease or absolute cessation of the pain previously complained of. These patients received maximum doses. In three cases

Digitized by Google

there was decided increase of the discharge and hemorrhages from ulcerated surfaces. A moderate increase in the discharge was noticed in practically every patient, but in none were the hemorrhages dangerous. In several cases of uterine cancer bleeding ceased. In two cases increase of pain was experienced. There was apparent retardation of the growth in eight cases for periods of two to five months and in three others for over one month. Physical as well as psychic effects of the treatment were also marked, and twelve of the patients gained strength and weight. In no case, however, was there actual shrinking in the size of the tumor and in two cases the growth seemed to be accelerated. In no case was there any constant effect on the so-called metastatic rheumatic pains and in no case was any marked harm done. The author's conclusions are given as follows: "A trial of seven months' duration has now been made with a series of forty-five cases, comprising variety enough both in the fluids used and in the type of cancer treated to warrant the following statement in conclusion, based on a careful analysis of the results in this series: 1. The various transudates and exudates of the body, cancerous and non-cancerous, have no effect in retarding the growth of cancer in mice. 2. The use of cancerous ascitic fluid from patients in the active or even moderately resistant stages of the disease has no permanent effect in preventing or checking the growth of cancer or permanently benefiting the cancer patient. 3. The other non-cancerous body fluids are even more inert. 4. Temporary beneficial effects may be noticed for periods of one to five months, but the course of the disease is in no way permanently retarded. 5. Temporary relief from pain, especially in uterine cases, and in other cases in which large doses can be given, and retardation of the growth for periods varying from one to five months, may be expected in a small percentage of the cases. 6. Noticeable benefit in the general physical condition has resulted in one patient with cancer of the ovary by the injection of her own fluid." Further testimony as to the value of this treatment from twenty additional cases is given in a note.

Birth-Rate in France.—According to Ambassador Jusserand, the births exceeded the deaths of infants by twenty-one thousand during the last half of 1910. This it seems is the result of active teaching of hygiene in the public schools, which has materially improved home conditions.

MEDICAL MISCELLANY

Walter Wyman, LL. D.—Surgeon-General Walter Wyman of the United States Public Health and Marine Hospital Service received the honorary degree of Doctor of Laws from Amherst College on June 28. In bestowing the degree President Harris of the college said: "He renders a service to humanity than which none could be greater."

Typhoid Fever.—From 1901 to 1905 the annual death rate from typhoid fever for the countries named was as follows: Scotland, 6.2; Germany, 7.6; Austria, 19.9; Hungary, 28.3; Italy, 35.25, and for the United States, 46. These figures, according to Dr. Huber, mean that in a single year we Americans have averaged 400,000 cases and 35,000 deaths from this one preventable disease.

Cholera in New York.—New York and the Nation are alike dismayed that cholera has gained entry into our country. No less than 18 cases have been discovered since the beginning and while the officials have the matter fully in hand they do not hesitate to acknowledge that they are somewhat apprehensive because of the prevalence of the disease in Mediterranean ports from which immigration is largely coming these days.

To Establish a School of Tropical Medicine in New Orleans.—An effort is being made to raise a fund for the endowment of a chair of tropical medicine at Tulane Medical College. The need for a school of tropical medicine in New Orleans has been felt for years, though students at Tulane are pretty well grounded in tropical medicine in the regular course. The local project is under the direction of Dr. Isadore Dyer, dean of the Medical College. One contribution of $5,000 is reported.

Urban and Rural Population.—Of interest to the profession is the census bureau report just made public in reference to the migration of the rural population to the cities. It is shown that the people of the United States are steadily deserting the country and the farm for the turmoil and delights of the city and towns. During the past ten years the percentage of people living in cities of more than 2,500 inhabitants increased from 40.5 to 46.3. Twenty years ago only 36.1 per cent lived in such incorporated places. In 1910 42,623,383, or 46.3 per cent of the total lived in urban territory, and 49,438,883, or 53.7 per cent in rural territory, according to the returns.

Digitized by Google

Callus about a perforating ulcer of the foot is a trophic disturbance not dependent on pressure for its cause.—Amer. Jour. of Surg.

Million for Hospital.—At the meeting of the International Missionary Convention of the Christian Church, held at Portland, Ore., July 8, R. A. Long, a lumberman of Kansas City, announced that he would, during the next ten years, give $1,000,000 for the establishment of a non-sectarian national hospital to be erected on a tract of land thirty-eight acres in extent in Kansas City owned by the Christian Church. The donation is contingent on the raising of $1,000,000 by the church and one-third of the beds in the institution being free.

Missouri State Board Registers 147 Doctors.—The State Board of Health has concluded the grading of papers written in its recent examination of physicians' licenses and given out the list of successful applicants. The names and addresses of 147 who passed follow: George A. Aiken, Leslie E. Ambrose, William G. Atwood, Carrollton; John W. Baker, Madison, Ill.; Carl J. Bartlett, St. Louis; Ford Adelbert Barnes, Willow Springs, Mo.; Albert L. Barton, John Francis Barton, Charles M. Bauman, St. Louis; George Corwin Beach, Topeka Kan.; John F. Beatty, Granite City, Ill.; Cornelius G. Blesemeyer, Westphalia, Mo.; Wade Borought, St. Louis; Harry E. Braun, Independence, Mo.; Arthur W. Brennan, Eugene L. Brocker, St. Louis; Milton A. Broemser, Webster Groves; Quinton M. Brown, Perry, Mo.; Grover C. Bullington, Vandalia, Mo.; O. Roy Busch, William B. Bush, Thomas B. Butler, Emerson S. Bailey, William R. Campbell, Cyrus E. Coffee, Le Grand M. Cox and Emery G. Coyle, St. Louis; Harry T. Davidson, Cincinnati; John J. Davis, Kansas City; Thomas M. Davis, St. Louis; Lerton V. Davidson, Kansas City; Victoria K. De Korven, Arthur H. De Masy, Robert C. Derivaux, Valentine T. Deering, Thomas C. Doolin, James C. Drake and Clyde P. Dyer, St. Louis; R. D. Dill, Humansville; William Edler, Charles H. Eyermann, William H. Fickel and Nettie Fleming, St. Louis; Francis V. Frazier, Gallatin; Henry L. Giles, Chicago; Emory H. Gist, Lincoln, Mo.; James Goodman, Eolia; Charles Greenberg, St. Joseph; Rose W. Griswold, Litchfield, Ill.; Edward N. Hagin, St. Louis; George M. Hamilton, McLeansboro, Ill.; George D. Harris, Jamesport, Mo.; Walter I. Harrison, Kansas City; George H. Haskins, Nashville, Tenn.; Robert Lee Hassler, St. Louis; Willard J. Hans, Traverse City, Mich.; William D. Hawker and Frank W. Haynes, St. Louis; John E. Hatley, Kansas City; Edna S. Hecren, Carroll, Neb.; Aloys S. Helthaus, St. Louis; Lawrence H. Hill, Hornersville, Mo.; Raymond G. House, Kansas City; Robert B. Hutchinson, Brooklyn; Joseph L. Hutton, Rose Hill, Ill.; John A. Hyatt, Robert F. Hyland and Andrew N. Johnson, Jr., St. Louis; Elza Lee Johnston, Kansas City; Percy J. Kesling and Ralph A. Kinsella, St. Louis; Henry F. Knabb, Springfield, Mo.; Helmuth H. Kramolowsky, Union; Ralph Ludwig Larsen, James Lewald and Ottis Like, St. Louis; Everett S. McClelland, Desloge, Mo.; Ulysses G. McElvain, Kansas City; Frank P. McManus, Iowa City, Ia.; H. B. McMechen, Wheeling, W. Va.; John A. Malley, Quincy, Ill.; Robert E. Martin, St. Louis; Damon G. Matthews, Colchester, Ill.; Gilpin L. Matthews, St. Louis; Lois D. Matthews, Macomb, Ill.; Louis H. Mestemacher and Alphonse H. Meyer, St. Louis; Edwin L. Miller, Kansas City; Nathan K. Mills, St. Louis; Otis A. Moore, Columbia, Albert A. Mulach and Moritz Muller, St. Louis; Clay E. Mullinex, Princeton, Mo.; Abraham Myerson, Frederick Murphy and Ernest N. Neulen, St. Louis; Roscoe C. Nevins, Wheatland, Mo.; Howard G. Norton, Kansas City; Albert O'Bannon, Albert E. Peart, David L. Penney, William D. Pettit, Emma Phelan, James E. Phillips and N. J. Pippert, St. Louis; Arche E. Pope, St. Joseph; James L. Potter, John A. Pringle and Louis E. Printy, St. Louis; Philip J. Reichmann, North Buena Vista, Ia.; Lucian P. Richardson, Kansas City; Claud E. Richmond, Doniphan; Walter A. Rohlfing, St. Louis; Alvin A. Rose, Anderson; Charles A. Rosebrough, W. C. Rowan and Lawrence A. Ryan, St. Louis; William F. Schlicht, Pryor Creek, Ok.; William C. Scott and Claude L. Sellers, St. Louis; Korah E. Sherrill, Bismarck, Mo.; George H. Shirley, Jr., Eugene, Mo.; Loren G. Shroat and Richard C. Smith, St. Louis; Howard M. Smith, Chicago; Oda O. Smith and Arthur W. Stein, St. Louis; Abraham Stepp, Canalou, Mo.; Thomas I. Stines, Joseph L. Swarts and Renel James Tanquary, St. Louis; Frank R. Teachenor, Kansas City; George Tracewell and Alois E. Turck, St. Louis; John D. Van Cleve, Maiden, Mo.; Aden C. Vickery and Lancaster G. Washington, St. Louis; William F. Waters, Sedalia; William J. Weese, Grant City, Mo. George D. Wells, August A. Werner and Elliott H. Wheeler, St. Louis; John Wilson, Bloomfield, Mo.; Willis B. Young, St. Louis.

Digitized by Google

New Jersey State Society Meeting.—At the annual meeting of the New Jersey State Medical Society held at Spring Lake, June 13-15, the following officers were elected: president, Dr. Daniel Strock, Camden; vice-presidents, Drs. Norton L. Wilson, Elizabeth; Enoch Hollingshead, Pemberton, and Frank D. Gray, Jersey City; corresponding secretary, Dr. Harry A. Stout, Wenonah; recording secretary, Dr. William J. Chandler, South Orange; and treasurer, Dr. Archibald Mercer, Newark. The next session will be held at Spring Lake in June, 1912.

Habit Forming Drugs will be a matter only of history when the pharmacists of this country act in accord with the general sentiment of pharmacy and restrict the sale to absolutely legitimate uses and when the medical profession limits the prescribing of habit-forming drugs to necessary cases. The resolutions adopted by the Philadelphia Branch of the A. Ph. A. to eliminate compounds containing habit-forming drugs from the U. S. P. and N. F. or to indicate the nature of the compounds in their titles is an indication of the way the wind blows.—Meyer Bros. Druggist.

The Cholera Situation.—A steerage passenger on the steamship Duca Degli Abruzzi which arrived in New York, June 20, died at Auburn, July 1, from what is diagnosed as Asiatic cholera, and a second passenger on this steamer is said to have died in Brooklyn, July 4, from the same cause. The health officer of the port of New York, after conference with Surgeon-General Wyman of the U. S. P. H. & M.-H. Service, has decided that passengers arriving in New York on steamships on which there is any suspicion of cholera are hereafter to be detained ten days at quarantine instead of five as heretofore. The steamship Moltke which arrived in New York from the Mediterranean, July 5, has been detained at quarantine on account of a case of suspected Asiatic cholera.

More State Medical Legislation in Pennsylvania.—Governor Tener has signed the following additional laws, affecting medical matters in Pennsylvania: A commission to study a plan for permanent segregation of the feeble-minded. The object is to prevent procreation of defectives. A vaccination commission. Twenty-five hundred dollars of the people's funds will be wasted in this scheme of antivaccinationists to "learn" what is already public information. The personnel of this commission will decide the extent of harm possible by the schemers, and medical leaders should promptly interview the governor as to representation of the profession. The sum of $10,000 will be applied for registration of births and deaths. In a future legislature the Michigan law of paying every physician for this service (as is done the lawyers and others) should be enacted. A law now becomes effective by which only the state's Bureau of Medical Education and Licensure can license midwives and this includes that infants' eyes, when diseased, can only be treated by licensed physicians. The object, of course, is to prevent unnecessary blindness, criminal abortions and puerperal disease.

American Medical Editors' Association.—The forty-second annual meeting of this association was held at the Hotel Alexandria, Los Angeles, on June 26 and 27, under the presidency of Dr. Joseph MacDonald, Jr. Papers were read as follows: "Physical Therapeutics in the Medical Press," by Dr. Arnold Snow; "What Shall We Publish?" by Dr. J. R. Phelan; "The Extension of Advertising in Medical Journals," by Mr. S. DeWitt Clough (by invitation); "The Influence of Medical Journalism for Medical Progress," by Dr. W. Benham Snow; "The Literary Side of Medical Journalism," by Dr. T. D. Crothers; "A Plea for Scientific Classification of Disease," by Dr. Winslow Anderson; "The Future of American Medical Journalism, Once More an Optimistic Outlook," by Dr. William J. Robinson. A number of papers were read by title, the authors not being present. The following officers were elected: President, Dr. Walter Wyman, Surgeon-General U. S. Public Health and Marine-Hospital Service; first vice-president, Dr. Thomas L. Stedman, New York; second vice-president, Dr. Walter Lindley, Los Angeles; secretary and treasurer, Dr. Joseph MacDonald, Jr., New York; executive committee, Drs. W. C. Abbott, Chicago; C. L. Stevens, Athens, Pa.; G. H. Kreidler, Cincinnati. The annual banquet was held on the evening of June 26 in the Hotel Alexandria. The members and guests, the latter including many ladies, numbered eighty-five. Dr. MacDonald, the president of the association, was toastmaster. The following were the speakers, Dr. Wm. H. Welch, president of the American Medical Association; Col. Wm. C. Gorgas, Dr. Walter Lindley of Los Angeles, Hon. James Slauson, President of the Los Angeles Chamber of Commerce; Rev. F. W. Clampitt of San Francisco, Dr. Winslow Anderson of San Francisco, and Dr. Wallace C. Abbott, of Chicago.

Digitized by Google

Subscribe for the Medical Fortnightly.

Prayers on a Commercial Basis.—There was a New York woman who wrote prayers guaranteed to cure rheumatism, or other diseases, when repeated. For fifteen cents she would write a prayer guaranteed to cure the specific disease for which it was written. She has been fined five hundred dollars. She now has the privilege of praying for a dispensation of the fine.

Distribution of Hookworm.—A recent report of the Rockefeller Commission states that the disease has been demonstrated in Alabama, Arkansas, California, Florida, Georgia, Kentucky, Louisiana, Mississippi, Nevada, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia. It is most extensive in North Carolina, South Carolina, and Georgia. In Georgia of less than eighteen thousand children examined, six thousand, or more than one-third, were treated for hookworm.

Smallpox in Yukon.—Governor Clark of Alaska has appealed to the Federal Government for aid in preventing the spread of the epidemic of smallpox in Dawson City south into American territory. Officers of the public health service in Alaska have been instructed to establish quarantine at Eagle City and Skagway. The epidemic is regarded as serious, particularly as at this time of the year prospectors from Yukon Territory are going into Alaska in large numbers.

Divine Healer Cannot Accept Fee.—In the case of the people against Edward C. Smith, so-called "divine healer," at Denver, the state supreme court has affirmed the decision of the lower court that the defendant could not accept a fee for the treatment of diseases unless he had a license from the State Board of Health. The court held that "the commercial practice of healing by prayer, followed as a money-making venture or occupation, is the practice of medicine within the plain meaning of the statute."

The larger cities, which this year absolutely forbade dangerous fireworks included Atlanta, Ga., Birmingham, Ala., Cleveland, O., Columbus, O., Kansas City, Mo., Los Angeles, Cal., Minneapolis, San Francisco and Washington, D. C. Of the fifty large cities which have ordinances forbidding the use of any fireworks or the restricting of their use to the least harmful, nearly half had their new ordinances enforced for the first times.

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

Status of Salvarsan.—The following expressions were uttered in the Medical Society of the Missouri Valley: "It is premature and risky to let a patient with syphilis go with one or only a few treatments with this agent." "Salvarsan has not yet been proved greatly superior to mercury." "Only time will tell whether the results will be more permanent." "There has been a tendency to promise a syphilitic that one injection of salvarsan would practically cure him. This is unfortunate." "While salvarsan may not be as good as mercury, when it is used, the acute symptoms are relieved quickly . . This is the principal advantage in using the agent."

A Simple Method of Purifying Water.—The Ontario health officers recommend to campers, prospectors, and travelers the fol-

Digitized by Google

lowing simple method of purifying drinking water: A teaspoonful of chlorid of lime, leveled off by rolling a pencil over it is rubbed up in a cup of water. This is diluted with three cupfuls of water and a teaspoonful of this dilution is added to a two-gallon pailful of the water to be purified, mixing it thoroughly. This gives between four and five parts of free chlorin in a million parts of water, and is said to destroy in ten minutes all typhoid, cholera, and dysentery germs, leaving the water without taste or odor. This method has been found effective in purifying the polluted water of Toronto Bay.

Ivy Poisoning.—The following is taken from the New York Medical Times: No scratching; no ointments in the acute stage; no bandages (which would tend to spread the poison to adjacent surfaces); any protector, if necessary, should be a loosely applied dressing of absorbent cotton, kept moist at all times and changed frequently; frequent and copious washings with lukewarm water and an unirritating soap; the inflamed surface is best handled by means of rubber gloves; after washing the parts, apply a 2-4 per cent warm solution of potassium permanganate, which completely neutralizes any poison with which it comes in contact. After the acute stage is past, ointments are permissible.

Acne Keloid.—Pautrier, in Bulletin medical for June 10th, advises for this condition, which is found only on the nucha, care in diet and the usual hygienic measures tending to improve the general health. For local application he prescribes:

℞ Precipitated sulphur.....grs. lxxv
Camphorated alcohol.....3v
Pure glycerin.....*m*lxxv
Rose water.....3ijss
M. et fiat lotio.

℞ Precipitated sulphur.....3j
Wool fat.....
Petrolatum.....
Zinc oxide, of each.....3iiss
Starch.....3jss
M. et fiat unguentum.

The Local Treatment of Chronic Inflammation of the Prostate Gland.—In the Bulletin General de Therapeutique for March 23, Dr. Finger is cited as the author of the following method of treating chronic inflammation of the prostate gland. In the first place attention should be paid to the condition of the bowels and the local treatment of any urethritis that may exist, the use of enemas of very hot water being strongly recommended. It is also advised to apply iodine, dissolved in glycerin or as a suppository as follows:

℞ Potassium iodide.....gr. xxx
Iodine.....gr. viiss
Extract of belladonna.....gr. iiss
Incorporate thoroughly with sufficient oil of theobroma to make ten suppositories. Sig.: One to be introduced morning and evening.

For an enema the following may be prescribed:

℞ Potassium iodide..gr. lxxx to 3iiss
Potassium bromide.gr. lxxv to 3iiss
Extract of belladonna.....gr. iiss
Distilled water.....3vi to 3x
M. Sig.—For ten enemas; one to be administered twice daily.

Another suppository recommended is the following:

℞ Ichthyol.....gr, xv to gr. xxx
Extract of belladonna.....gr. iiss
Oil of theobroma.....gr. xxx
M. et fiat suppositorium.—N. Y. Medical Journal.

Sciatica.—Von Martinitz (Ellingwood's Therapeutist) reports excellent results in sciatica with the following formulas taken alternately in teaspoonful doses, the interval being an hour:

Tinct. gelsemium.....gtts. 15
Tinct. bryonia alba.....gtts. 15
Tinct. rhus tox.....gtts. 15
Tinct. aconit.....gtts. 15
Simple elixir.....oz. ½
Simple syrup.....oz. ½
Aqua.....oz. 5
Sig.: A teaspoonful to be taken every hour, alternately with this second prescription:

Phosphoric acid, diluted...oz. ½
Simple elixir.....oz. ½
Simple syrup.....oz. 1½
Aqua q. s.....oz. 4

Tinea Favus.—The crusts may be softened with the following solution:

Formaldehydi.....*m*x
Olei olivae.....fl. ℥viij
The fungi may be killed by the application of the following after the removal of the crusts:

Resorcin.....grn. xxx
Ung. picis.....℥j
Ung. sulphuris.....℥i
M. Sig.: Apply twice daily. — Med. Standard.

Bismuth and Opium for Children.—The Jour A.M.A. for June 10th says the deodorized tincture is the best preparation of opium for children and gives the follow-

Digitized by Google

ing prescription as a favorite one for use in enteritis and summer diarrhea:

℞ Bismuth subnitrate.....3ij
Fresh mucilage of acacia.....3j
Deodorized tinc. of opium...mxviij
Cinnamon water, to make.....3iv

M. Sig.: Teaspoonful in water every two hours; shake.

Sometimes the bismuth subnitrate gives rise to irritation and nitrate poisoning and for this reason the subcarbonate is generally preferred. Perhaps it is not good pharmacologics to put the insoluble bismuth into a solution that requires shaking; it may, therefore, be given alone in a teaspoonful of milk. Phenyl salicylate may, however, be given along with it, e.g.:

℞ Bismuth subcarbonate.....3jss

Fac chartulas, No. 20. Sig.: One powder every two hours.

℞ Bismuth subcarbonate.....3jss
Phenyl salicylate.....grs. viij

M. et fac chartulas No. 10. Sig.: One powder every two hours.

It is much better to order the deodorized tincture of opium alone and administer a drop or more, as deemed necessary, every three or four hours, depending on whether the child is drowsy or not. If less than one drop is required, it is easy for the nurse to put a drop into two teaspoonfuls of water and give the child one of them, which would represent half a drop of the preparation.

If the heart becomes weak, whiskey or brandy may be given. For a child one year old, from 10 to 20 drops, in plenty of water, and given at intervals of two hours, is a large enough dose.

In an injury to the elbow gentle palpation and study of the relations of the bony landmarks—the olecranon, the condyles, the head of the radius—is very often quite sufficient to establish a diagnosis without painful manipulation.—Am. Jour. of Surg.

Clinical Observations in Some Cases of Prostatic Obstruction.—James Pedersen, New York (Med. Rec., July 8), gives histories of five cases of prostatic obstruction, showing the value of early cystoscopy in every case of disturbed bladder function. The author calls attention to the necessity of preparatory treatment before operation on the urinary bladder.

The Proper Attitude of a Corporation Toward Its Injured Employees.—John F. Culp, Harrisburg, Pa., (Med. Rec., July 8,) states that the proper attitude of a corporation toward its injured employees is the desire of the corporation that they should get well as soon as possible and that it will assist them in doing so, both for its own sake and for theirs. An example of this attitude is seen in the practice of a corporation by which the author was formerly employed. All medical and surgical attendance was assumed by the company, and the support of the family was assured by payments of a part of the normal wages of the man. In case of death a pension was given, and the children were sent to industrial schools until the age of sixteen, when they were supposed to be able to take care of themselves. As soon as work was possible for the injured man work that he could do was found for him. The first consideration was his need; the second, his fidelity and time of service. During twenty-two years there have been 20,000 accidents among the employees of this corporation with but eight suits for damages.

Decapulation of the Kidney in the Treatment of Chronic Bright's Disease.—James Tyson, Philadelphia, Pa. (Med. Rec., July 8), presents the histories of four cases in which decapsulation of the kidneys was done for the cure of Bright's disease, with excellent results as far as the improvement of health and the ability to work was concerned. In none of them did the albumin entirely disappear. These results are not as good as those claimed by Edebohls, who reports fourteen ideal cures out of seventy-two cases operated upon. The author claims that this operation is so serviceable that it should be done more frequently. It is demanded by stubborn persistence of symptoms which cause inconvenience or danger to life, such as dropsy, uremia, anuria, and excessive albuminuria. The operation should not be considered until medical treatment has failed. Obstinate hematuria, perinephritis with miliary abscesses, hydronephrosis, and ponephrosis all justify the operation. It is contraindicated by age, valvular heart disease, extensive cardiovascular changes, retinitis albuminurica, etc. The cause of the improvement after operation has been claimed to be due to relief of congestion and the formation of new vascular connections after the removal of the capsule, and before the formation of the new capsule, which is soon formed. The immediate benefit is ascribed by Edebohls to the massage of the kidney which is produced during the handling of the kidney at operation. The cases most favorable for the operation are chronic parenchymatous nephritis, according to the author, and interstitial nephritis according to Edebohls.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX ST. LOUIS, THURSDAY, AUGUST 10, 1911. No. 3

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M. D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

OBSTRUCTION OF THE MALE URETHRA; A RESUME, WITH REPORT OF CASES.

HENRY J. SCHERCK, B. S., M. D.

ST. LOUIS

Department Genito-Urinary Surgery, St. Louis University School of Medicine; Visiting Genito-Urinary Surgeon to the City Hospital and Missouri Pacific Hospital.

BRIEF RESUME OF THE HISTOLOGY OF THE URETHRA.

This paper is a resume of the literature and personal observations on male urethral obstructions. References to certain pathological conditions of the male urethra will be omitted, since they, from their nature, do not cause obstructive changes, and other phases of this subject are only briefly considered to avoid extending the paper beyond a reasonable limit.

A few references will be made to the development of the urethra, so that in considering the congentital defects mentioned a reasonable explanation will be offered for their occurrence.

It will be borne in mind that at about the sixth week of gestation the cloaca, which prior to this period is merely a cleft, becomes surrounded by a circular fold which, in the continuity of its development, forms the genital ridge. Rising anteriorly from this is the genital papilla, while a furrow, developing shortly afterward on the interior surface, extends downward into the cloacal cleft, this latter development being of importance because it presents a distinct interest in regard to certain conditions discussed later.

This genital furrow very soon becomes deeper and is surrounded by the genital folds. It is not, however, until the twelfth week of intrauterine life that the cloaca divides, forming the anus on the one part and the urogenital opening on the other.

This division seems to be directly correlated with the development of the perineal body. This change gradually proceeds until a rudimentary penis is developed from the genital papilla, which occurs about the sixteenth week. Simultaneously the furrow situated below, referred to as the urogenital sinus, develops with the rudimentary penis. The sinus gradually sinks deeper until finally the edges unite above, forming the urethra.

It is very important to remember the claim set forth by Tourneux that the parts of the urethra situated within the glans and the penis proper develop at different times. He urges that this is proven by the fact that the urethral sinus at this stage of development is found on the body of the penis, while the glans is entirely without it. If we accept this hypothesis, we can, of course, explain the development of the urethra of the glans only by assuming that it is the outgrowth of epithelial cells which develop on the under surface of the glans penis.

Jarjavay pointed out that a small fold of mucous membrane found occasionally in the posterior portion of the fossa navicularis, not far from the meatus and including the entire upper wall, is additional proof of Tourneux's contention. From personal studies of cases with congenital defects, I am inclined to accept this explanation.

Kaufman, on the other hand, disagrees with Tourneux, believing this fold to be a rudimentary septum, which at one time existed between the dermal invaginations of the glandular and the penile urethra.

Reference to the foregoing will be made in considering obstructions due to congenital anomalies.

CONGENITAL DEFECTS.

The entire absence of the urethral canal where a penis exists is extremely rare. A review of the literature discloses but seven

Digitized by Google

cases of this character. The urethral canal replaced by a hard cord has been noted in a few instances. An incomplete obstruction of the passage has been reported much oftener, and this kind of obstruction is frequently observed in patients where the external meatus is covered by a growth of skin. This condition exists during the latter months of intrauterine life, and is usually dispelled by a rupture due to the expulsion of the contents of the bladder. If we refer to the studies of the embryologists, we find an explanation for this deficiency of the glandular urethra or imperforate glans penis. This deficiency is marked by a slight depression in what appears to be a normal organ, and may involve more or less of the canal. With this malformation there are usually associated other congenital malformations of the pelvic organs. A child with such an error of development usually dies before birth, as the bladder becomes overdistended, too great a pressure is exerted on the umbilical vessels, the fetal circulation is cut off, and death results. This will happen unless the urine is discharged through a patent urachus.

There are, however, cases recorded in which a living child has been born with complete retention due to an occlusion of the meatus. Where the obstruction can be at once located and relieved, the prognosis is not usually unfavorable. A distended bladder, with extreme restlessness of the child, confirmed by the absence of urination, is sufficient to call attention to this abnormality. Where the obstruction is located near the end of the organ, prompt relief may be procured by completing the canal by a small incision. I recall having seen a case shortly after birth in which the symptoms noted were present, and upon examination proved to be an imperforate meatus. The skin covering the meatus was thin, and attempts at micturition were followed by a slight ballooning. An incision promptly relieved this condition, and between eight and nine ounces of urine were at once discharged.

While complete obstruction of the meatus is usually observed immediately after birth, incomplete obstruction, if in the form of congenital stricture, may escape observation until much later, and such strictures are found, in a limited number of cases, throughout the urethra. Naturally, the type of congenital strictures which we detect most frequently is the stenosis of the external meatus, and this narrowing may be extremely small, admitting only the finest probe. A number of such cases have come to my attention, and have been promptly relieved by enlarging the opening of the meatus. Nervous symptoms are often accounted for by this condition, and, when present, should be relieved by enlarging the meatus so as to make it correspond with the normal caliber of the canal.

In case of an imperforate glans where the canal for a distance is impervious within the glans penis Voillemier recommends the insertion of a needle or trocar in order to develop a communication with the normal urethra, and then keeping the freshly made canal open by gradual dilatation. If this can not be done, it is advisable to produce an artificial fistula behind the obstruction.

While obstructions in the extreme anterior portion of the canal are more readily recognized and corrected, those that occur in the posterior portion are difficult to correct and decidedly more serious as to the prognosis. Attempts have been made in such cases to perform an external perineal urethrotomy.

The conditions just described cause more or less serious disturbance during intrauterine life, or shortly after birth, while partial obstructions may not demand attention until much later. Guion distinguishes two varieties of partial obstructions, which he classifies under the term, "congenital strictures," subdividing this class into the cylindrical and the valvular. Both are usually found in the cavernous portion of the canal. The cylindrical type is extremely rare, while the valvular, though by no means common, is more frequently encountered. We know that in all parts of the urethra there are membranous valves, which may interfere with the passage of the urinary stream, and a membranous pocket is usually found at the posterior end of the fossa navicularis. Segall and Schlagenhaufer have each described a case in which there was valvular closure in the region of the prostatic urethra, with dilatation of the bladder, ureters, and pelvis of the kidney.

A diverticulum is a constant finding of more or less extent on the interior aspect of the urethra, just back of the glans and extending posteriorly in some cases to the root of the penis. In exaggerated cases this may vary in size from that of a hazelnut to that of an orange. The interior of these pouches is invariably lined with urethral mucous membrane. This evidence assures us that the condition described can be accounted for by the development of the urethra just before the glandular and the penile portions unite. In these cases, the

Digitized by Google

stenosis persisting, the size of the diverticulum corresponds to the amount of overdistention. If the canal is subsequently opened by rupture, these diverticula may persist and become an inconvenience to the extent that the patient is compelled to empty them during the act of micturition. The diagnosis is simple, as a sacculation may be felt behind the glans, and this sacculation becomes distended during the act of micturition.

A little patient, eight years of age, with this condition was seen by me a few years ago, and his mother informed me that the abnormality had existed since birth. The diverticulum became distended at each act of micturition, assuming the size of a hen's egg. The meatus was not small, and admitted a No. 9 American sound. Excision of the redundant portion of the sac and suturing the edges over the sound completed the operation, which proved to be successful.

The condition formerly supposed to be a fistula of congenital origin is now believed to be a double urethra. It usually exists on the dorsal surface of what otherwise appears to be a normal organ. This passage is usually about one-half of an inch in depth, and microscopically shows a lining of mucous membrane at some point posterior to its opening on the glans. It may be a blind passage, or it may discharge into the urethra at some point, or in rare instances open directly into the bladder. A good deal of study has been devoted to this peculiar anomaly. Luschka, Pribram, and others hold that it is an excretory duct of a displaced tubule of the prostate gland; another, Clebs, that it is a healed epispadias, while it remained for English to demonstrate that these passages were true rudimentary secondary urethras. In all, fifteen cases of this condition have been collected in medical literature. It is interesting to note that, in reviewing the reports of these cases, the majority stated that their very existence escaped attention until a discharge was noticed from their rudimentary openings, which was demonstrated to be a gonorrheal infection. Two examples of this condition have been seen by me, and in each the opening was so small that it was very difficult to trace the passage backward by introducing any kind of an instrument. The injection of a solution of nitrate of silver by means of a hypodermic syringe effected a cure.

Epispadias and hypospadias are due to arrested development of the penis and scrotum. Neither of these conditions produce actual obstruction, and therefore their consideration does not fall within the scope of this paper.

Recently at the City Hospital my attention was called to an example of what is known as virga palmata. It consists of a fold of skin which starts at the site of the attachment of the frenum and extends downward toward the scrotum. In this case it caused considerable flexion of the penis on erection, which obstructed the flow of urine when urination was attempted during that period. A congenital cyst had existed at the end of the prepuce from birth in this patient.

INJURIES CAUSING OBSTRUCTION.

Injuries to the urethra causing obstruction, either temporary or permanent, may be produced by many causes, among them being faulty manipulation with catheters and sounds, fragments of calculi or other foreign bodies, and incised, punctured, and lacerated wounds. The pendulous urethra being more exposed, we find the majority of injuries affecting this portion of the canal. Experience has taught me that when wounds are clean-cut and in the longitudinal axis, they heal without suturing and, as a rule, without much contraction of the lumen, while transverse wounds are invariably followed by stricture formation. Wounds of the urethra may be caused also by indirect violence, as, for example, falls on the perineum or blows, fractures of the penis during copulation, and injuries. The usual classification of injuries to the urethra is the one adopted by Terrillon. He divides them into, first, interstitial rupture without injury of the mucous membrane; second, rupture of the mucosa and submucosa; third, rupture of the urethra through all its layers.

By far the most frequent cause of lacerations of the deep urethra is a fall from a height astride some firm object, such as a beam; sometimes by being thrown against the pommel of a saddle, etc.; occasionally by direct violence, such as a kick; or as a complication in the fracture of the pelvis; or by being caught under falling structures. These injuries result very often in complete obstruction, with or without injury to the urethra. Recently I had occasion to operate on a man who had fallen from a height across an iron girder. Upon admission to the hospital about twenty-four hours after the infliction of the injury, and after having been taken to the city in an ordinary freight car, his condition was anything but favorable. The bladder was distended above the umbilicus, and the perineum and scrotum were swollen and deeply

Digitized by Google

ecchymosed. He was suffering from considerable shock, the pulse was rapid and thready, and the temperature was subnormal. I followed in his case the same procedure that I have adopted in dealing with cases of retention with infiltration due to impassable stricture, namely, promptly performing a suprapubic cystotomy, followed by retrograde catheterization, and incision through the perineum at the point of rupture or stricture, as the case may be. Introduction of a sound or catheter through the anterior urethra is the next step. If it is possible at this time to restore the canal, I do so, and in this event I immediately close the bladder wound, the method adopted being decided by the exigencies of the occasion. Much time can be saved, both in complete obstruction of the canal from injury and in impassable strictures, by adopting this method, and is better than attempting an external urethrotomy without a guide. In all acute injuries to the urethra, the same general surgical indications are present as exist in traumatisms elsewhere in the body.

FOREIGN BODIES.

In this paper will be briefly considered foreign bodies which obstruct the canal—those that enter the urethra from the bladder, those derived from external sources, those formed in the urethra, and finally an example where the foreign body was introduced into the urethra through a perineal wound.

Fragments of calculi, portions of tumors, clots of blood, and portions of suture material or gauze introduced into the bladder during an operation, may be forced during the expulsive effort of the bladder into the urethra, become lodged there, and eventually cause obstruction. Those obstructions derived from external sources include a multiplicity of objects, and the literature on the subject contains a large list of various articles. The list may include portions of instruments and catheters which have become broken off by accident, or—which is by far the most common cause—the obstruction may have been introduced by the individual to satisfy some erotic desire, may have been the act of mental defectives. The articles include all kinds of objects, as bits of wood, hair-pins, fruit pits, etc., and their removal can be accomplished, as a rule, only by the careful use of the endoscope. In some instances it may even be necessary to open the canal from the outside. The third group of obstructions—those developing within the urethra—is principally calculi, which develop around a nucleus of some character.

The fourth class of obstructions—those introduced through a perineal wound—is extremely rare. During last winter I had occasion to report such a case before the meeting of the North Central Branch of the American Urological Society. This patient was operated on by me before a senior section of students from the St. Louis University School of Medicine. He applied at the City Hospital for relief, and was assigned to my service. He gave a history of having been operated on in a hospital about four months previous for an impassable stricture of the deep urethra, complicated by infiltration of the surrounding tissues and urinary fistulae. An external urethrotomy had been performed, and a portion of a large sized catheter had been introduced through the perineal wound into the deep urethra and bladder for drainage purposes. While the patient was convalescing (the tube being still in situ) he escaped from the hospital where he was at the time being treated. The portion of the catheter had become buried deep within the wound, unnoticed by the patient, and the external wound had healed over it. The patient not knowing that the tube was within his canal, gave a history upon his admission to our City Hospital which conformed in every detail to a recontraction of the stricture at the old site.

Persistent and repeated attempts by me to pass any form of instrument into the bladder was without avail, and, inasmuch as two urinary fistulae had developed, I advised and proceeded to perform an external urethrotomy. This was indicated on account of the existence of the fistulous tracts, which required division. After cutting down through the perineum, I introduced my finger into the deep urethra and found it impinged upon a hard object, which puzzled me greatly for the time being. This object proved to be the piece of catheter which had been inserted and which had slipped in after the first operation about four months previous.

The interesting point in this case, and one which makes the report of it unique in medical literature, is that as long as the lumen of the catheter remained open, function was carried on with comparative ease, but gradually the lumen became clogged with the deposit of urinary salts and eventually became blocked completely, causing exactly the same chain of symptoms as would be produced by the complete blocking of the canal from stricture formation.

Digitized by Google

PATHOLOGICAL PROCESSES WITHIN THE URETHRA CAUSING OBSTRUCTION.

Under this heading comes that cause of obstruction which is by far more frequent than all others combined, namely, strictures as the result of gonorrhea, followed in turn by the effects of local tuberculosis, venereal sores of every description, and such other inflammations which result in contractions of the canal, dependent not alone on venereal infection, but as the result of improper treatment and rough handling with local applicators.

By strictures we mean that the lumen of the canal has become diminished in size by a diseased process of the wall. This definition is the one adopted by Dittel. Strictures may be divided into three classes, and, as a matter of simplicity, I believe such a division to be the most practical. Various authorities and writers have adopted other classifications, dependent upon position, structure, and other viewpoints. A clear conception can however, be had by the simple division suggested, and I shall divide the strictures into spastic strictures, inflammatory strictures and organic strictures.

SPASTIC STRICTURES.

Spastic strictures are due to a spasm of the musculature of the posterior urethra, and are usually the symptom of other diseased processes, such as inflammation of the urethra, of the bladder, or of the rectum. In neurotic subjects they are frequently the result of psychic influences—fright, fear, and shock. The treatment consists of baths, both hot and cold, morphin suppositories, and careful catheterization. This treatment does not, of course, apply in cases of organic strictures.

INFLAMMATORY STRICTURES.

The cause of inflammatory strictures is to be found in inflammation of the mucous membrane of the urethra in combination with swelling and edema. They occur most frequently as an accompaniment of acute inflammation, and more rarely with chronic inflammations of the urethra. They produce a temporary obstruction of the canal.

Under this head may be classed also obstructions which sometimes cause complete retention, the result of operations for hemorrhoids and operations on the anus or rectum. In such cases it may be necessary to introduce a catheter as long as the swelling remains.

While not properly a stricture, I include under this head compression of the canal due to inflammation or swelling of the entire body of the penis, the result of erysipelas or bands placed around the organ. On one occasion I observed the result of a glass ring which had been slipped over the penis, tightly encircling it, causing intense edema and obstruction of the canal.

ORGANIC STRICTURE.

Etiologically, it is convenient to divide organic strictures into inflammatory cicatricial and traumatic cicatricial strictures. The latter result from lacerations of the canal which have been unsuccessfully treated, and sometimes by foreign bodies, wounds of various descriptions, and the extrusion of calculi from the bladder. The inflammatory cicatricials are by far more common, and are the type which are usually met with in practice. They are the result of gonorrheal processes of long standing. In those cases not due to gonorrhea they are due, in the main, to urethral chancre, chancroid, diphtheria of the urethra, or the application of caustics to the mucous membrane. They are usually seated at the junction of the bulbous and membranous portions of the canal. Thompson, the English urologist, claims that more than two-thirds of all gonorrheal strictures are limited to the deep urethra.

TRAUMATIC CICATRICIAL STRICTURES.

Traumatic cicatricial strictures are, as a rule, slow in developing, the first indication usually noticed by the patient being that the size of the urinary stream is smaller.

The consideration at this time of either the results of strictures, or the methods of diagnosis, prognosis, and treatment, is not within the scope of this paper. It will be proper, however, to summarize in a tabulated form the methods usually adopted in the treatment of this class of obstruction, as follows:

1. Cauterization.
2. Electrolysis.
3. Dilatation.
4. Internal urethrotomy.
5. External urethrotomy.
6. Excision of the scar.
7. Suprapubic cystotomy, with retrograde catheterization.

Tuberculosis may cause obstruction, either on account of the ulcerative process, with the attendant inflammation, or by producing cicatricial changes after healing. Primary tuberculosis has been noted which was due to direct infection by the tubercle bacillus. The effects of chancroids of the

Digitized by Google

urethra and chancre may produce obstruction, and care should be taken in treating these to avoid stricture by the injudicious use of cauterizing agents. I have seen a number of cases of very nearly complete stenosis due to this cause, and I recall an instance of this kind where the actual cautery was used to arrest the ravages of a chancroid. The process had been allowed to heal without seeing to it that the canal was kept dilated, and the result was a tight stricture.

TUMORS OF THE URETHRA.

Tumors of the urethra may be divided into benign and malignant. Under the benign group the principal ones are papillomata and polyps. The former are due to a proliferation of cells from the papillarly layer into localities that are devoid of epithelium, and are usually the result of a gonorrhea or some other inflammatory process. They are, as a rule, more prolific in their growth near the orifice of the canal, the proliferations decreasing as they approach the deep urethra. Stricture may result when they are removed, causing obstruction. For this reason it is suggested to continue dilatation after removing them. Polyps should be removed with a snare and do not usually recur.

While primary malignant growth of the urethra are rare, secondary malignant growths are more often found to exist. These are usually the result of extension of this disease from the prostate, Cowper's glans, corpus cavernosum, or the glans penis. Primary carcinoma of the urethra usually develops at a site which has been the seat of chronic irritations, such as strictures, chronic ulcerative processes, or diseased conditions of some of the glandular structures of the urethra.

Sarcoma of the urethra is most rare. I had the opportunity of seeing a specimen of this growth of the canal in a patient of Dr. Mark, of Kansas City. In this case the sarcomatous development resembled multiple papillomata, with the difference that they became more numerous as they extended toward the bladder neck, in contradistinction to the reference made above in regard to the diagnosis of benign papillomata. The treatment in these cases should be radical, and the diagnosis made as early as possible. Endoscopy and microscopical examination are the best means we have for reaching an early diagnosis. Whether any permanent benefit can be obtained by attempting to remove only the growth and saving the organ seems doubtful. Complete extirpation of the penis and involved glands, though drastic, offers less likelihood of recurrence.

The consideration of this paper may result only in calling attenion to an important subject that is fraught with great possibilities for discussion, and, if this has been attained, I shall feel that I have accomplished at least something toward the fulfillment of my desire to present a matter of such great interest.

309 Century Building.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER VII.

Throughout the land the newspapers, in the latter days of June, chronicle the graduation of the fathers of men, and their helpmates. The tree has blossomed beautiful to behold—but what will the fruition be?

The choice of an occupation in life is before many of these graduates, and experience will teach many of these, in after years, that a child may commit serious error in the choice of his life work, on account of inexperience and ignorance, seeing only the roseate hue of his early choice without the seamy and thorny side.

On the other hand, parents in advising or directing the choice too often consider only their own personal feelings and pride, or look to possible social advantages, and, vainly ambitious, ignore or set aside the natural taste and aptitude of the child.

There is naturally a succession of talent, and in trade, or work, some member of the family may make the way smoother for the young man or woman. A son may succeed his father in business as a grocer, and he may be an able successor.

This is not true in the profession or arts. For there may be talent or genius without physical strength or vice versa. And to practice a profession without all the qualities essential thereto, especially without taste or aptitude therefor, must inevitably condemn the victim of choice or chance to a miserable existence.

Chance should have no part in the choice of a life work. When a young man says "I will be a doctor" he should know what the future has in store in actual practice.

Digitized by Google

The obstacles which he will meet should be truthfully and forcibly described to him and all illusion stripped off.

The life of the physician may be divided into two parts: a brief period of study, which has its pleasures, and a period of practice, fraught with painful experience of unremittent hard work and base ingratitude.

Apropos of this Petit has said, "of the many students who graduate, how many love medical art, not for that which it brings to them, but for itself alone?"

The profession of medicine is no longer for the majority a career filled with promise, much less realization of wealth; it is, on the contrary, a career in which the monetary gain is small, hardly sufficient to secure the existence of a liberal-hearted artisan. Yet in spite of all caution, in spite of dissuasion, some are still blinded by false hopes that they will prove the fortunate exceptions, and, having learned their error by bitter experience, desert the ranks and become business men, more or less successful, or failing in that, become hirelings handicapped by lack of training.

Many conditions have changed even within the last decade but chief among the adverse conditions is the over supply of which every art and trade complains.

The number of physicians is too large proportionately to the number of persons needing their attention who believe the laborer is worthy of his hire. For setting aside the vast number of unworthy competitors among the "natural" healers and that ilk, ignoring the overwhelming ocean of patent medicines, disregarding the often abused privileges offered without money and without price to the deserving poor and the designing rich, by dispensaries and hospitals, it is beyond dispute that certain forms of sickness are diminishing among the people both as to their number and severity owing to the beneficial instruction of sanatarians and the discovery of preventive and curative factors.

Raising the requirements for entering the schools, lengthening the term, making the graduating examinations more severe, are means to an end of lessening the number and making that number more proficient, but they do not solve the problem.

In Germany, when the university called attention to the problem, the Kaiser publicly proclaimed, in an open letter, that while the state could grant diplomas it could not guarantee patients. And he furthermore begged of parents to dissuade their children from entering upon a medical career.

It would seem that such a warning, from such a source, would have great influence, but the public disregard the warning and the over-crowding of the profession continues instead of diminishing.

SELF-LIMITATION.

D. L. FIELD, M. D.

JEFFERSONVILLE, IND.

We have heard a great deal about the self-limitation of disease; and it is no doubt true that some diseases are so. In typhoid fever, a physician is not much more than a therapeutic pilot. He tries to steer the cases clear of shoals and snags of accident, and guide them safely through to recovery.

That idea that a patient must be sick six, eight, ten or thirty days, and that your medical treatment will not shorten the time, is giving medicine no credit for having power over disease! Such a theory does away with aborting disease; and if illness cannot be abridged, a doctor is no more than a dope giver! Who cannot cut short intermittent and remittent fevers; malarial fever; inflammatory rheumatism; migraine; neuralgia, and many other ills?

The belief in the self-limitation of disease, robs a physician of his skill and power. The late Dr. Flint claimed, that with proper remedies promptly employed, he could abort pneumonia. Why not? Can it not be so mitigated in the congestive stage, that it must necessarily be of milder and shorter duration? Of course there have been bunglers, who claimed they could abort it, but they couldn't. Still, I am sure such a thing is possible.

Morgagni, in his work, "Morbid Anatomy," created a therapeutic nihilism, and unsettled many a practitioner's faith. To be sure, discoveries in medical science, will cause fluctuations in the practice of medicine; but physicians who keep up, will be enabled to successfully cope with disease. I am not one who believes very much in the natural tendency of disease to disappear; but that the tendency of disease is to death. If I did not believe this, I would leave all to the "vis medicatrix naturae." We know that the steady improvement in treatment of diseased conditions, as the result of improved therapeutics based on a more thorough knowledge of the true nature of most diseases, has diminished mortality most marvelously. With intelligent employment of remedial measures, we go on conquering, and to conquer.

Digitized by Google

PSEUDO-HEMAPHRODITISM — REPORT OF A CASE.

HENRY J. SCHERCK, B. S., M. D.

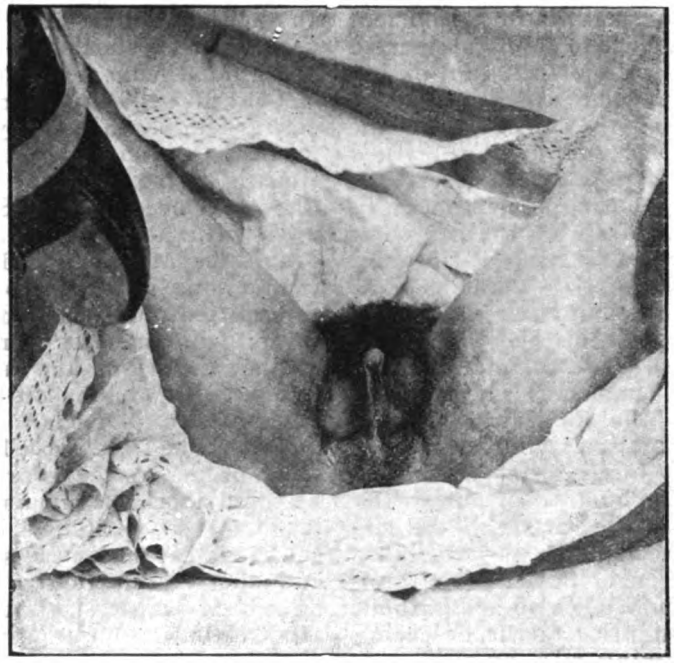
ST. LOUIS.

Of the Department of Genito-Urinary Surgery, St. Louis University School of Medicine; Visiting Genito-Urinary Surgeon to the City, Missouri Pacific Hospitals; Chief, Department Genito-Urinary Surgery, Jewish Hospital Dispensary.

The readers of the Fortnightly will be interested in the accompanying photograph of the genitals of an individual who was brought to my attention through the courtesy of your editor, Dr. Thos. A. Hopkins. The case is of such extreme interest that I feel certain that a brief report of the result of my examination will prove of great interest to your readers. Briefly he announced himself as a Miss(?) X, age 41; nativity United States. The individual since childhood has always been healthy and has suffered only from the ordinary diseases of childhood. At 13 he claims to have menstruated through the vagina; this continuing until he arrived at the age of 18 years; since that time he has seen no sign of menstruation.

He acknowledges having masturbated quite a great deal for a number of years, and says that he has a distinct orgasm at the sexual climax, discharging a quantity of "sticky" substance from the meatus at that time. I was naturally desirous to examine this discharge, but have been, as yet, unable to secure a specimen though I have the promise that it shall be at my disposal at some time during his sojourn in the city.

He has always believed himself to be a female—his life has been spent in those duties which are usually associated with the female sex. This individual is about 5 feet 11 inches tall, rather pale skin; features are rather strong, though feminine; hair on head iron grey; no hair on face; his arms and legs are not distinctly feminine in conformation, on the contrary, they are rather inclined to the masculine type; his hands and feet very large. The conformation of the pelvis is neither markedly masculine nor feminine. The breasts are flat and masculine in appearance, though devoid of hair. He states that one breast was for some time considerably larger than the other, but that it has gradually shrunken until there is now no marked difference between them. Beyond these points there is nothing noteworthy in his conformation except what is developed in the genital examination, which reveals the following:



The pubis is well covered with hair; the upper margin is horizontal and does not incline upward in the middle line, the female type. In place of the clitoris is a well marked penis, two and one-half inches in length when in a flaccid condition, on erection he states that it doubles in length; the glans is well developed and the corona distinct, there is a marked hypospadias of the glandular portion of the penis. The labia minora extend downward only

Digitized by Google

about two inches and cover the penis above, resembling in appearance the normal prepuce. Below the penis for 1½ inches is a space which leads to a rudimentary vagina above and close to the opening of which is the urethral opening. The vagina is only three inches deep and ends in a blind pouch -- no cervix can be felt—the rugae are well marked throughout this rudimentary vagina. A rectal examination was then made to determine the presence of a uterus, but I could not determine any, though anterior to the lower portion of the rectum a small body fixed in position about the size of a chestnut could be felt which in every way answers the description of the prostate.

The anus and rectum are normal. As the labia majora descend on either side they appear loose, resembling when brought together in the median line over the underlying vagina an ordinary scrotum. They contain testes of normal size and shape, the right being larger than the left. The feeling of these two organs is identical to the normal testicles. The vasa can be distinctly felt running upward to the ring. On the posterior surface of these two ovoid bodies in the labia majora can be felt what resembles in every particular an epididymis. On the right side he tells me that at one time it became very much swollen and a nodular epididymis can now be felt on that side.

He claims never to have undertaken or allowed sexual intercourse with either male or female.

The case is one which, judged from the sexual organs, demonstrates the person a male, though this is doubted by a competent observer in our city, who takes the position that the bodies in the labia majora are ovaries, but we have yet to learn how he explains the other definitely male development.

309 Century Building.

Water and Obesity.—A physician of Erlangen has been experimenting with himself for the purpose of seeing the effects of the imbition of water upon the weight of the body. For four years he indulged in the not ascetic task of drinking two gallons of beer daily, and discovered the remarkable fact that he had increased his weight seventy-eight pounds. On stopping the ingestion of water (beer) he reduced his weight fourteen pounds in seven days. Dr. Lorenzen's experiments are being performed daily by a large class.

EPIDEMIC INFLUENZA (LA GRIPPE).

T. G. STEPHENS, M. D., PH. D.

SIDNEY, IOWA.

The word influenza was coined from the Italian language and means influence, and is applied to a violent catarrh. The term influenza is said to have been first so used in 1741 when the disease was prevailing in the North of Italy, and it has been generally adopted in this country. In France the same disease is termed la grippe from agripper, to seize, indicating the sudden precipitate onset of the epidemic and of the individual attack.

Gluge, from his investigations, considers that the following is the chronological order of the return of the influenza: 14th century, 1323, 1326, 1373; 15th, 1410, 1411, 1455; 16th, 1510, 1557, 1562, 1574, 1580; 17th, 1658, 1669, 1675, 1693; 18th, 1712, 1729, 1732, 1733, 1742, 1743, 1761, 1762, 1775; 19th century, 1800, 1803, 1831 and 1833. To these may be added 1737 and 1846, 1847 to 1848, to 1889 to 1890, and others to 1911. It sticks to our planet closer than a brother, bringing with it a high degree of morbidity, dislocating of business and social functions, and not a few lives lost.

We read that influenza has been known since the 12th century, and in the "thirties and forties" of last century fairly severe epidemics occurred in England and the continent. But it was not until 1889 and 1890 that railway communications had developed into some magnitude and over sea steamers were running, running to time table, that a pandemic occurred.

Since then it may safely be said that influenza has been going round and round the globe in the track of the commercial traveler and tourist. It appears to be independent of meteorological conditions. The pus organisms and the diplococcus pneumoniae have been found the oftenest, but these are widespread organisms and are probably not associated in a causative manner with the disease.

Etiology, Symptoms, Etc.—In many cases the attack closely resembles an ordinary catarrh with slight fever, dryness and swelling of the nasal mucosa and then increase in the secretion. A striking feature is the severe nervous manifestation at the onset, the headache, pain in the back and legs and a general soreness as if bruised or beaten. Associated with these is a prostration and cardiac weakness out of proportion to the intensity of the fever and sometimes very alarming. Affections of the respiratory

Digitized by Google

organs are the most serious. The most fatal complication is pneumonia. With the initial fever we often have gastro-intestinal symptoms. We have no difficulty in our diagnosis if an epidemic is present. There are several varieties of influenza. Influenza has a period of incubation of from two to three days or longer.

In influenza there is a tendency to develop later into active disease, and to make slight grades of organic affections more serious, especially in heart and kidney affections. A mild cardiac affection, scarcely noticeable by its symptoms, may become a grave illness; muscular rheumatic pains are in many cases characteristic. Nearly a quarter of a century ago a bacillus was described by R. Pfeiffer as the influenza bacillus, and the discovery has been frequently corroborated, since it is regarded as the cause of the influenza. In individuals who are sick of influenza, it is found in the affected air passages, occasionally also in the lungs. The bronchi may contain enormous numbers of the bacilli in pure culture. It is assumed that the multiplication of these organisms in the respiratory tract causes inflammation and at the same time they produce poisons which on being absorbed cause the morbid phenomena peculiar to the disease.

No nationality is exempt from influenza and, as a rule, only a fractional part of the population escapes its effects. In some epidemics children are exempt. During the prevalence of influenza the animal vitality is lowered; the type of other diseases modified, assuming adynamic or typhoid, and a tendency to a greater general mortality.

Influenza is not confined to man, but often extends its epidemic influence to the domesticated, especially the horse and known as "epizootic." I know this from experience. During the holidays I became a victim of the epidemic in a very busy time, and drove a healthy mare on all short visits. I discovered that she tired easily, wanted water often; appetite was fickle; later she coughed severely and often expectorated freely, and would swallow the sputum. She made a good recovery. Of the intimate nature or the subtle atmospheric telluric cause of influenza, nothing is definitely known. Much has been written of its concurrence with the appearance of comets and meteoric, and the opinion is in favor that electrical and magnetic disturbances are related to the epidemics.

Some authorities hold that influenza is due to miasmatic material in the atmosphere. In February I was summoned to the bedside of A. F., who was attacked with influenza the day before he was 68 years old. It was then 10:30 a.m. He was walking about the house and did not think he was much sick, but there was prostration and cardiac weakness out of proportion to the intensity of the fever. The pulse was feeble and small, and intermittent. He died at 8:30 p.m. from heart failure. Since then I have regarded every case of the kind as serious.

Curative Measures.—Like that of pulmonary tuberculosis there has been no specific discovered. The majority of uncomplicated cases will recover without medicine, if they have intelligent care. Keep the patient closely confined to the house for a few days at the onset. If the cough should be troublesome, administer a tablet of heroin, $\frac{1}{12}$ gr. pro re nata; in some cases a hypodermic of $\frac{1}{4}$ gr. morphine for pain and sleeplessness; 5 gr. of the triple bromides occasionally, or 5 grains of Dover's powders for the gastro-intestinal trouble; 10 grains of subnitrate of bismuth every six hours until it changes the color of the stools.

GLAUCOMA.

E. E. CLARK, M. D.

DANVILLE, ILL.

Eye, Ear, Nose and Throat Surgeon to Lake View Hospital.

Glaucoma, the "black beast" of ophthalmic surgery, I shall only deal with acute primary glaucoma as that is the condition the general practitioner is most likely to see and where early recognition and differentiation means so much to the patient.

When we consider the fact that glaucoma usually leads to partial and often to total blindness, even under most careful treatment, the importance of the condition becomes self evident.

Etiology.—We know but little more about it than did the ancients, they observed most of the symptoms we now recognise except those seen with the ophthalmoscope. The ancients looked upon the crystalline lense as the seat and cause of the trouble. We have at least laid aside this mistaken notion. I have a book on ophthalmology written thirty one years ago, which gives nearly as carefully recorded data on the subject as do the books of the present day.

Glaucoma is not a disease per se; it is a condition, the most pronounced symptom of which is excessive intraocular pressure; which in turn is responsible for all the dis-

Digitized by Google

astrous results following its development.

It is almost pathetic to see the various authors trying to give some explanation, and as one reads the literature he is bound to realize that little positively is known as to definite primary causation. Glaucoma produced experimentally has yielded no definite information as to causation. One writer will go to some length to show that hypermetropia is a factor in causation. Another will talk about the possibility of the fluid in the anterior and posterior chambers becoming more albuminous and when so can not filter out so readily, and thus acts as an irritant, the irritation tending to still more block the filtration angle when increased tension sets in with its train of evil consequences.

When the increased tension of glaucoma develops it is then easy to account for what follows. A small cornea is, by some, thought to have some association with the development of the condition. A large crystalline lense, or one that becomes large in later years undoubtedly has some influence in lighting up glaucoma.

The weight of evidence seems to show that some form or source of irritation causes a blocking of the filtration angle near the base of the iris as the beginning.

Possible the very next journal you pick up will give the history of a case of primary glaucoma with the microscopic findings, following enucleation, which show the filtiation angle to be absolutely normal. As to the causation of this increased tension authorities differ and numerous theories have been advanced from time to time, theories that give us no other clue for treatment except the relief from this increase in pressure.

High arterial tension has been observed by some authors in every case of glaucoma coming under their observation. This has been my own experience in some cases, so it would seem that arteriosclerosis is to be considered a probable factor if not a definite one in glaucoma.

Glaucoma can be so acute as to cause blindness in twenty-four hours or prolonged into months.

This increased tension, if not relieved, causes an excavation of the optic nerve and ultimate annihilation of sight. This is the reason why early diagnosis and prompt and efficient treatment must be had.

Some diseases of the body we have time to watch symptoms, study the case, and refer to the authorities and literature, but not in glaucoma, and fortunately it is usually not difficult to recognize this condition. We only must not loose sight of the fact that there is an occasional case that creeps on so insidiously that in the absence of careful daily examinations, the eye can become irreparably damaged before one realizes the true nature of the condition. It is the careful daily watching, in the doubtful case, for increased tension that will save us from embarrassment.

There are sometimes premonitory symptoms which are usually unheeded by the patient. One of the earliest of these is rapid failure of accommodation beyond that corresponding to the patient's age. Frequent changing of glasses should always arouse suspicion.

This is one of the many reasons why the optician is incompetent to fit glasses. Yet we still see an occasional physician who sends his patients to the optician for glasses.

Another early symptom is a halo round the artificial light, misty vision or momentary blindness. The cardinal symptoms are increased tensions, ciliary and conjunctival congestion, anesthesia of the cornea, contraction of the field of vision, haziness of the cornea, turbidity of the aqueous humor, excavation of the optic papilla, dilated pupil and pain.

Increased tension always means glaucoma. Ciliary and conjunctival congestion may be present in other conditions and might lead one to apply improper treatment, for authorities say that it would likely be disastrous to use atropine in a beginning glaucoma, and just here is where both the general practitioner and specialist desires to avoid embarrasment.

In any suspicious case the cornea should always be tested for sensibility. Haziness of the cornea and turbidity of the aqueous could easily be seen by the general practitioner. Cloudiness of the cornea in glaucoma is caused by an edema. This can easily account for its sudden development and also its prompt recession upon reduction of the pressure by treatment.

There is inflammatory edema of the iris resulting in discoloration and obliteration of structural details. The anterior chamber becomes shallow due to the lense and iris being pushed forward. The paleness of the retina is thought to be due to the pressure compression of the arteries, thus causing the contracted visional field. The degree of pain depends upon the extent of the intraocular pressure. Limitations of the field and cupping of the disc would be more likely to be detected by the oculist, simply because he would be more likely to have the appliances. Anyway the diagnosis by either specialist or family physician

Digitized by Google

should be made long before either of these two conditions develop.

As to treatment I shall say but little, for I believe the general practitioner, soon as he learns what he is dealing with, will want to wash his hands of the responsibility.

Treatment is either medical, surgical or both. We have no specific in the treatment of this condition as far as the removal of the casual factor is concerned, but we have in the domain of therapeutics, medical as well as surgical, means that will relieve the symptoms and maintain good vision for a long time, and in some cases bring about an approximate cure.

As to medical treatment I will briefly tell you what I would do. If it seemed to be a case developing rapidly I would use all my endeavor to get consent to immediate operation, thus being refused, or in a more slowly developing case I would use a one-half to one grain solution of eserine instilled into the eye, followed by a Turkish bath possibly in connection with the hypodermic use of pilocarpine. The eserine repeated hourly to three times daily and the Turkish bath daily or every other day, depending on results and the urgency of the case. A careful search for general or local conditions that might be a factor in causation and their correction if possible, still fighting for the operation if favorable changes did not soon take place.

Flushing of the alimentary canal is to be rigidly encouraged to aid the baths in drawing upon the body fluids. By drawing on the body fluids the intraocular pressure is reduced and the circulation is readjusted, thus shortening the course of the disease.

This treatment has often succeeded. In reviewing the work of Brav it would almost look as though operations offered but little if any more than this method of treatment, and it certainly would be more acceptable to the patient.

In closing, I will briefly refer to the surgical treatment. We must realize the surgical treament of this condition is not settled when we consider that some fifteen operations and modifications have been proposed and tried for the relief of glaucoma.

The object of all these operations have been to secure a permanent filtration cicatrix through which the intraocular tension could be kept permanently lowered.

It would seem, at the present, that the old classical operation of iridectomy will soon be obsolete. It would seem that it is a question of incision of the eye ball or excision of a minute section with the tendency all toward excision, as this procedure is the only rational one offering permanent filtration.

A review of the literature for the past two years about narrows the choice of operation down to sclerecto-iridectomy or trepining the sclera. The latter being more simple and apparently equally effective.

313 The Temple.

PRACTICAL COMMENTS.

W. T. MARRS, M. D.

PEORIA HEIGHTS, ILL.

A method of getting rid of chancroids which I picked up somewhere the past year or so has proved satisfactory and is as follows: Cleanse thoroughly with hot water and dry with absorbent cotton after which apply a thin coating of powdered cocaine. Good anesthesia follows in a few minutes when an application of fuming nitric acid may be made. Dress with charcoal which absorbs any suppuration that may continue.

I found that a number of my acquaintances were passing a prescription around among themselves, one which it was claimed would cure chronic rheumatism. It did seem that several of the persons using the medicament had obtained relief, so I made inquiry as to what the recipe might call for. It was salicylate of soda and iodide of potassium put up with syrup of orange peel as a vehicle.

Several years ago I was called into the country to assist a doctor in the delivery of a young woman. This medical man was a dissipated fellow, although a man of a good deal of ability. All that he had taken with him that could be utilized on this case was an ounce bottle of ergot, and that even is only a post-partum remedy. This case suggests the query, what should the obstetrician carry with him when he gets into places where supplies are not easily accessible? I think this list of medicinal agencies should be in the bag: Chloroform, H. M. C. tablets, atropin, caullophyllin, glonoin, veratrine, ergot and ergotin, iron, acetic acid, antiseptics and chloral hydrate.

Some of the general accessories that the obstetrician should occasionally make an inventory of to see whether they are in place or not are these: Absorbent cotton, towels, sponges, tape, gauze, safety-pins, soap, vaseline and dusting powder. Of instruments these are the most necessary forceps, placental forceps or long uterine dressing forceps, dilators and hypodermic

Digitized by Google

syringe. A fountain syringe, rectal tube and transfusion apparatus are sometimes very necessary. The pocket-case should contain scissors, needle-holder and proper needles, thread, an artery forcep or two and perhaps a vaginal speculum. There are many other things that might at times be needed, but such an array of material can not be carried on all occasions, so that which is the most necessary should be given first choice.

The baby in its first toilet should have the eyes cleansed with boracic acid solution and in suspected cases a drop of a one or two per cent nitrate of silver solution should be dropped into each eye. Argyrol solution may be used in 20 per cent strength and is about as effective as the stronger silver solution.

The average individual who has a pain in the back (lumbago) is inclined to think that he is suffering from a kidney affection. The advertisements of patent medicines where a man is moping about with his hands on his back accompanied by a label which says, "Oh my kidneys," tend to perpetuate this belief among the laity. It is only a form of suggestion. As all medical men know the kidneys are not very sensitive organs and often in grave pathological conditions give rise to only a modicum of pain. But the matter of more thorough renal elimination has gained more consideration in recent years. This is an improvement in our therapeutics, for at one time elimination from the intestinal tract and stimulation of the hepatic function were about all that was undertaken.

Many uric acid solvents, however, have proved futile, for the human body is not an animated test-tube. Calomel and podophyllin are excellent eliminants and correctives, but are contraindicated for prolonged use. If the intestinal canal is kept reasonably clean the lithium salts with colchicine give very satisfactory results. Salithia is an effervescing salt containing magnesium sulphate with lithium and colchicine and it has always served me well. Calcalith is another preparation containing calcium, lithium and colchicine and it is specially indicated in cases where no laxative action is desired. These remedies give good results in rheumatic conditions and the whole gamut of disorders due to the uric acid condition.

Sufferers from the uric acid diathesis should drink water copiously but always between meals. A physician who writes considerably for medical journals made the statement a few months ago that we drink too much water and backs up his logic by offering himself as a shining example, for he states that he has not taken a drink of water for years, and he has always been in the pink of health. The good doctor in question may have an idiosyncrasy for water, but I am quite sure that there are more people who suffer because of drinking too little water than too much. The drinking of buttermilk is a good habit for those who are traveling the Pacific slope of life and are sufferers from uric acid troubles in any of their protean forms. The lactic acid which it contains opposes chalky deposits and tends toward producing a fluidity of the blood. It was heralded a few years ago as the "elixir of life."

Eversion of the foot, shortening of the extremity, elevation of the trochanter, spell fracture of the neck of the femur. Manipulation is unnecessary to the diagnosis.—Amer. Jour. of Surg.

Artificial Respiration.—Dr. G. Meyer (Ber. Klin. Wochenschrift) has modified the Silvester method, drawing the arms upward but pressing them down toward the floor, the body thus assuming the opisthotonous attitude, the head and heels bent backward, the body bowed forward, over the cushion under the shoulders. Another point is that the arms are held with the four fingers above the elbow, on the inside, the thumbs on the outside of the arms. This permits a stronger control of the arms in pushing them toward the floor. This modified technic floods the lungs much more profusely with air.

Placenta Praevia.—Dr. R. Birnbaum (Ther. Monats., Berlin) describes the treatment he advocates for the general practitioner, emphasizing that treatment must be begun the moment the diagnosis is made. He insists on shaving the parts and on the use of ten or twenty moist cotton wads for tamponing the vagina, instead of gauze, although the latter is better for the uterus itself. His experience with the Momburg belt constriction has been unfavorable, as he had severe collapse in two cases, and one patient died; for this death he regards the constriction as responsible. Great caution is necessary in moving the woman on account of the danger of air embolism and thrombosis. Massage of the legs is necessary from the first day after delivery unless symptoms indicate that thrombosis is already installed.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Wassermann Reaction.

The American profession, outside of the usual number of enthusiasts, has been considerably in doubt just how much dependence it can safely place on the Wassermann reaction, a study of the rather voluminous American literature on the subject of this reaction explains the doubt and justifies its existence, but it does not get at the reason for the existence of the cause. A medical friend who has lately returned from a time spent working with Friedburger states that that authority told him that not more than a half-dozen American physicians were able to make this reaction properly and deplored the fact that so valuable a diagnostic method was being given bad repute through the ignorance or clumsiness of those who use it. Friedburger is close enough to Wassermann that he should be very competent to state facts in this connection, and we begin to understand why the result of the reaction and the clinical findings of our observation have been so at variance. We had supposed that this variance was due to some fault in the reaction itself, it is a satisfaction to be assured that the reaction when properly worked out is certain, either positive or negative.

But when one contemplates how many diagnoses are daily being made based on no firmer foundation than the Wassermann reaction as made by the Tom-Dick-and-Harrys who have learned the technique through correspondence school methods; when one thinks of the many, many salvarsan injections that are being administered with no sounder why for its use, one feels that in this one matter there is urgent call for a campaign of reform. Usually we have considered a positive reaction as definitely diagnostic, a negative reaction called for one or two confirmatory repetitions, but we have failed to take into consideration that a reaction, positive or negative in result, is worthless if made by one who is not trained and skilled to its very finest intricacy. It takes something more than the mere announcement that some one has equipped his laboratory and is prepared to make Wassermann reactions to make it certain that he is prepared to make them dependably. We do not believe that Friedburger's figures are correct, there are many American physicians who can make an entirely reliable Wassermann, but for each of such there is a considerable number who professing to do this work, and are doing it, but who are not reliable. The reaction is not a simple thing, matters of vital importance to the patient depend on it, the whole proposition is too serious not to be given serious attention. If only those who are fitted were making these reactions here in St. Louis these men would have time for nothing else, the same condition obtains in other cities. The profession can demand in this whatever it desires.

The Fly Pest.

The common house fly has been given so much undesirable notoriety during these later years that it is somewhat surprising that campaigns against his existence have not occupied more attention than they have. Here and there a community has gotten the children at work and is getting some fame for the pints and quarts brought in by its Johnnies and Marys; some have enacted laws and are insisting on the screening of foodstuffs exposed for sale, but anything concerted against the fly has yet to be done. The disgusting pictures published by various of the tuberculosis societies do not half tell the tale of possible disease and filth conveyance that the fly can do. The remedy is not fly-swatting except in so far as it concerns the fly then and there exterminated, and this should mean every fly that gets inside the well screened house, but the practical problem is the matter of destroying them, though hindering their propagation. This means a civic movement under whatever health authorities a community may have; it means absolute cleanliness in streets, alleys, around stables and ash pits, in door yards, everywhere; it means eternal vigilance on the part of every person in any community. With such vigilance for cleanliness the fly can become a stranger and health conditions otherwise would be tremendously advanced. Some day this will be undertaken, but we are not expecting that it will be this year, or next.

Digitized by Google

"Successful Medicine."

It must take a deal of courage to launch something new in the way of a medical journal these days, and in addition to courage a belief that one has struck something which will meet so definite a need that the profession will give it prompt support. The remarkable success of Dr. H. R. Harrower's "Physiologic Therapeutics" has demonstrated that the "call" which the doctor felt was a real one; his recent announcement that the "call" has worked again and that "Successful Medicine" is to be the outcome sounds full of pleasing possibility. According to this announcement "Successful Medicine" will appear bi-monthly and will be devoted to the affairs of the physician other than those concerned in his art and science. With Editor Harrower fathering the venture we look on it as a near success even before it has begun, certainly the doctor is filled with practical ideas and has a wonderfully attractive way of imparting them, he is now venturing a field rich in possibilities, and we believe that many Fortnightly readers will with us impatiently wait the coming of "Successful Medicine."

Pseudo-Hemaphroditism.

In another department we are presenting an interesting report of a case of pseudo-hemaphroditism which is of an unusually striking character. Hemaphroditism has never been discovered in absolute form, but it is not at all unusual to meet cases where the sex acknowledged during childhood and youth had to be changed to meet later exigencies. As a rule these unfortunates are considered female until they have reached adult life when the male characteristics assert themselves. From habit and for convenience many of them continue to wear female dress and to pose as females. The person described in this report considers himself a woman though he acknowledges that during recent years his sexual inclinations have been those of a man. One reason for publishing the report is to again urge that in such cases physicians should determine sex early in childhood when this is possible, the present existence of this man is a tremendous argument for this.

Septic endocarditis may result from a localized osteomyelitis that has gone on to spontaneous cure.—Amer. Jour. of Surg.

CORRESPONDENCE

THE RIGHTS OF CITY HOSPITAL PATIENTS.

St. Louis, July 29th, 1911.

Editor Fortnightly:

As an interested citizen having a long time knowledge and practical experience with hospital management, both from inside management and outside observation, I thank you for your editorial on the City Hospital situation, and especially for defence of Dr. Morfit's just guardianship of the rights of the patients versus the "inquiring" reporters as to certain private matters.

City Hospital patients have the same rights of privacy as to their malady and freedom from inquisitional annoyance as though they were in homes of their own.

Medical superintendents of hospitals for the insane guard the patients against certain personal inquisitional intrusion, but there the lunatics are inside the walls and the inquisitors outside.

Yours truly,

C. H. HUGHES.

Dr. Walter H. Fuchs and Dr. James B. Pritchard have been appointed members of the St. Louis Board of Health to succeed Drs. John Young Brown and H. McC. Johnson.

Dr. H. S. Atkins, formerly superintendent of the City Sanitarium (insane hospital) at St. Louis, has established a private home for the care and treatment of mild cases of insanity and drug and alcoholic habitues. The institution is located in Kirkwood, a suburb of St. Louis.

The Cincinnati Society for the Welfare of the Blind has made an annual appropriation of $1,000 for the employment of a visiting nurse to look after cases of affected vision in children, especially cases of ophthalmia neonatorum. The nurse is to work under the direction of the board of health.

The Procreation Bill has passed the house and senate of Iowa, and will become a law upon receiving the governor's signature. This bill provides for the sterilization of convicts, idiots, imbeciles and feeble-minded persons, according to the "Indiana plan." The state will have direct charge of the enforcement of the provisions of the bill. Habitual criminals confined in the penitentiary of the state and who have been convicted of felony more than three times are liable to the provisions of this law.

Digitized by Google

GENITO-URINARY.

T. A. HOPKINS, M. D.

Acute Gonorrheal Epididymitis.—Charles M. Walson, St. Louis, Mo. (Medical Record, June 3, 1911), bases his paper on 100 cases of gonorrheal epididymitis treated in the St. Louis Hospital. He states that epididymitis is a frequent complication of gonorrheal urethritis, very painful, and liable to result in sterility, with the possibility of infection of others. The mode of entrance of the germ into the epididymis is through the ejaculatory duct and vas deferens as the result of retroperistalsis. Predisposing causes are trauma, instrumentation, lack of suspension of the scrotum, sexual intercourse, and masturbation. Sterility in bilateral epididymitis occurs in a very large percentage of cases. Kocher found 21 out of 28 cases. The location of the inflammation has much to do with the production of sterility, the location in the head of the epididymis being more likely to produce it. Treatment consists of suspension, avoidance of trauma and jolting, of sexual intercourse, masturbation, instrumentation. When there is fluid in the tunica vaginalis one should aspirate it, since relief of pain is immediate. Strapping the testicle is useful after the acute symptoms have subsided.

Percussion of the Kidney Regions.—Neuhof (Med. Record) believes that the refinements of diagnosis of kidney diseases are being developed at the expense of the just as important grosser methods. As far as can be ascertained from the literature, the only contribution to the subject of renal percussion in which a positive opinion as to its value is expressed, is a recent article by Lerch. This observer employs "plexor-pleximeter" percussion (percussion hammer and an ivory plate) and uses a drop stroke and not the generally employed tapping method. He finds "that these organs (kidneys) can be mapped out with accuracy and ease, showing changes in size of a small fraction of one centimeter." According to this observer even the pelvis of the kidney can be outlined by percussion and "it is immaterial whether the colon is filled with fecal material or distended with gas." Neuhof has devoted considerable attention to the subject of renal percussion, but his results have not been at all comparable to those of Lerch. It is, however, but fair to state that he has only employed the ordinary percussion methods. In his earlier experiences he often found it difficult or even impossible to note if in any given case he was actually dealing with an area of dullness dependent upon the kidney. At that time many observations were made that were proven incorrect by further examination or by subsequent operation. It was found, however, that areas of renal dullness could be fairly well outlined in the lumbar regions if the colon was inflated. Since the author has employed inflation of the colon as an aid to renal percussion, marked prolapse of the kidney or great enlargement of the organ (by a tumor, for example) have been correctly diagnosed in a number of instances. In obese individuals the method has usually proven of no value. It is in but one connection, however, that he believes percussion of the kidney to be of distinctly practical value, and that is in determining the presence or absence of the organ on one or the other side. Especially when combined with colonic inflation percussion of a kidney region will give a clear tympanitic note if the organ is absent on that side.

Nerve Relapses Under Salvarsan Treatment.—Benario (Muench. Med. Woch.) has compiled statistics of 126 cases of cranial nerve disturbances following administration of salvarsan. They occurred among a total of at least 14,000 salvarsan treatments. Most of them belonged to the second stage of syphilis, and next in frequency were the first and the combined first and second stages. In the 126 cases there were in all 158 involvements of the cranial nerves, some of the cases showing simultaneous affection of several nerves. The optic nerve was involved 41 times, the oculomotor eight, the trochlear two, the abducens three, and the auditory 62. Most of the disturbances were in patients to whom the dose of salvarsan given was small. The writer has collected 29 similar cases of disturbances following the use of mercury, and believes that larger figures would be easily obtained if attention were paid to this feature of post-mercurial history. He confirms Ehrlich's explanation of the cases as due to spirochetes persisting locally after a general systematic sterilization. He would treat the usual case of syphilis in sthenic patients as follows: First, an intravenous injection of salvarsan; later an intensive course of mercury, by calomel or injection; later again, a second intravenous injection of salvarsan. He would exclude 606 in decrepit patients. He urges that patients who have been treated for syphilis in early stages should be warned of the possibility of these cranial nerve relapses, and told to at once report

Digitized by Google

the appearance of such prodromal symptoms as headache, dizziness, roaring in the ears, or slight eye disturbances. Such prodromata often occur some time before the weightier trouble, and treatment is much more likely to be successful if promptly given than if delayed.

Antigonococcic Serum and Bacterins.—According to Swinburne (Am. Jour. of Urology, August, 1910) the cases in which these preparations were used were epididymitis, acute and chronic prostatitis, acute and chronic rheumatism; also in a class of cases which have proved of great interest, viz., pyosalpinx cases discharged from hospitals after operation was declined by the patient. It has also been used in a few cases of chronic gonorrhea, those which had resisted a variety of methods of treatment. As far as local reaction was concerned, there was the usual percentage of urticarias following several days after administration. In many cases there has been no local reaction whatever except a certain amount of discomfort at the site of the injection for a few hours following. These statements apply to the serum. In the case of the bacterins, or bacterial vaccines, these were started at twenty million, and increased to one hundred million and then to five hundred million. There has not been a single case that I can recall in which there was any local reaction, or any of the untoward reactions which were reported when the vaccines were first used. In the work that I have done this year I see no reason for changing the opinion which I expressed a year ago, that acute complications were given prompt relief by the serum, and that it acted in almost all of these cases as a specific. It was marked in cases of acute gonorrheal rheumatism occurring in primary attacks, and it certainly continues to act as a specific in these cases. Some of the cases were subject to relapses from one cause or another, but as a working rule I prefer to use the serum first and then continue treatment later with the vaccine as a possible preventive of relapse. At the same time I do not think there is any hard and fast rule. I have seen cases which do well with the bacterins and not so well with the serum, and vice versa, and I think we have to be guided by results as to which is best to use.

Don't abandon a case of sarcoma as incurable without a thorough trial of Coley's fluid. The results are sometimes remarkable.—Amer. Jour. of Surg.

WHAT THE MEDICAL EDITORS ARE SAYING.

Prostitution and Venereal Diseases.—Some years ago Commissioner O'Meara, of Boston, recognizing the impossibility of suppressing sexual immorality, advised his successor to expect, with respect to the business of vice, loyal support from the police when once he has convinced them that he is in earnest; little encouragement from courts, bitter hostility from those whose profits are curtailed, indifferencce from the public, and some measure of abusive criticism from the few enthusiasts in the cause of social purity.

With this perfectly clear expression of conditions as they exist an article by Bierhoff in the New York Medical Journal of April 1, 1911, is not without interest. He apparently recognizes that prostitution must exist but must be regulated. He proposes that certain limits shall be prescribed for prostitutes in which they shall not be molested so long as they do not commit any breach of the peace, or give evidence of infection with venereal disease. He would wisely insist that no brothel should be permitted to exist on any street in which there is a public or a private school or a church or Sunday school. No brothel should be permitted to exist in any building in which there are children. He would put the keeper of every brothel under bonds to insure the maintenance of peace therein, nor would he permit more than one woman outside of the keeper to sleep inside of the brothel, nor would he permit liquor to be sold or served in these places. He would be relentless against street walkers, whom he would have examined by specially trained female physicians each time they are arrested and would have committed to the hospital until they are pronounced cured. He would have venereal diseases made notifiable to the Department of Health. He would compel every dispensary which receives financial aid from the city to maintain a department, under the supervision of specialists, where venereal diseases are treated. He would establish regulations by which a person who suspects another of having been the source of his own disease may send sealed communications to the Department of Health voicing such suspicion, whereupon the accused must appear within three days for a private examination. Failure to appear on such notification will justify a warrant. He believes in the education of prostitutes in the systematic and careful examination of those with whom they propose to cohabit

Digitized by Google

and repeated examination of the prostitutes themselves.

These suggestions are so opposed to the dominant spirit of most American communities that they are not likely to be adopted. There is, however, a growing feeling that the prevention of venereal diseases is best accomplished by wide knowledge of their seriousness, of their method of contraction, and methods by which they may be avoided. But there is a growing belief that the health authorities should take cognizance of venereal diseases, should protect the public against their diffusion even at the risk of being accused of violating individual rights, and that legal redress be granted to a person who has contracted a venereal affection from one already affected. If the testimony of the Medical Department of the Army and Navy may be accepted the campaign of wide education has not been without fruit, whilst that of direct prophylaxis after exposure has been astonishly efficient. Among cleanly people the universal practice of morality would practically abolish all venereal diseases within three generations. This is an ideal to be striven for. In the meantime much can be accomplished by education and by sane legislation, by which is meant the enacting of laws in sufficient accord with public spirit to be enforced. At the present time, however, the most potent factor in lessening the prevalence of venereal diseases is the immediate application of prophylactic treatment following exposure.—Therapeutic Gazette, July 15.

Institutional Care of the Insane in Europe.—That provision for the care of mental diseases in most communities has not reached a standard to be desired, nor are the conditions under which treatment must be administered, those which afford the best prospect of recovery, or improvement, is pretty well admitted, especially amongst those who, by reason of intimate association or care, are cognizant of the circumstances.

Since the time of the elder Tuke, there has been a gradual tendency to regard the lunatic with a consideration more humane, and to a degree that the term "lunatic asylum" seems to have been replaced by the less suggestive "Hospital for the Insane."

Upon reflection it should appeal to us that a person who is afflicted mentally is a sick individual, and most appropriately (and effectively) treated as such.

The influence upon a recent or acute case of the commoner forms of restraint—e.g., leather cuffs, straps, strait-jackets, retention sheets, padded cells and the barred windows and locked and guarded doors—is quite apparent to the experienced observer, and the growing tendency to eliminate these is noteworthy. That they can be entirely omitted has been demonstrated where the nursing assistance has been sufficient, and with remarkable results.

A study of the care of the insane in the principal European countries reveals conditions as widely different as those to be found in different sections of our own country. Most striking is the attention which this subject has received in Scotland. Of the 18,000 cases of insanity in that country about 12,000 are receiving institutional care, which includes the acute and curable cases, and the remainder—for the most part mild, chronic, incurable and harmless cases—are placed in charge of families, selected after qualification, and paid by the parish. These families must receive these cases as a member of their household and care for them accordingly. A corps of inspectors cover the various districts and each house is visited once each month.

It is refreshing to note among the institutions, one, at Banguor, in Linlithgow, Scotland, in which about 900 inmates are under care, without a locked door, without a barred window, and one which knows no restraining device other than persuasion and humane physical opposition. It is none the less surprising to find that wards containing excited or agitated male patients are successfully managed under the supervision of female nurses.

In the parish of Glasgow an observation ward is maintained in the city of Glasgow, in which upwards of 1,000 cases are handled annually, of which about one-half are later certified and committed to one of the larger mental hospitals. Of these, Woodilee, the largest, accommodates about, 1,200 but which conforms with the older types in the manner of conduction. It is located about 14 miles west of Glasgow.

Throughout England mechanical restraint has been abandoned. Isolation, by means of strong rooms, is the rule in the larger institutions.

While epileptic cases are to be found among the insane, the colony treatment is well under way, several having been established.

In Paris the older plan is still followed in the larger hospitals (Bicetre, La Salpetriere), and the Asyle d'St. Anne is conspicuous by reason of its prison-like appearance.

In the Psychiatric Institute at Munich Professor Kraepelin has a most splendidly appointed building adapted to the plan of

Digitized by Google

treatment followed, but more especially are the arrangement and well equipped laboratories by which the most careful and fruitful psychologic research investigations are made possible; and by virtue of which Professor Kraepelin's writings occupy so esteemed a place in the psychiatric literature.

Solitary confinement is not a resort here; continued baths at 35 deg. C. in all agitated cases, in association with high inclosed and padded beds, are used. No hyoscine is used. A commodious amphitheatre forms a part of the building, where well attended psychiatric clinics are held.

In Switzerland, conditions are much the same as in the German territory. The Psychiatric Clinic at Zurich is worthy of mention, since it is here that Jung, a renowned follower of Freud, is developing much to enrich our knowledge of the functional psychoses.

Probably the largest institution for mental diseases in the world is that which has been recently completed near Vienna, "Am Steinhof." It comprises sixty buildings situated on a tract of 350 acres of land. The pavilions are intended to accommodate 3,000 patients, and at present that number is exceeded. Solitary confinement rooms are provided in the agitated wards and continued baths are used. Sedatives are avoided as far as possible, and mechanical restraint is not used, other than padded high-sided beds. The "Kurhaus" is worthy of a word as a most modern aggregation of apparatus for hydro, mechano, and electrotherapy in a splendidly constructed and appointed building.

Around Berlin are several institutions, the most important of which are Dalldorf and Buch, as well as an epileptic colony—Wuhlgarten, and an institution for mild and functional cases located at Zehlendorf, "Hans Schoenow."

At Buch, the largest and most modern, there are 1,780 confined. An addition of equal size is under construction. Solitary confinement with the continued baths are used. While the doors are kept locked there are no barred windows, but these are fitted with a non-breakable glass. Here the agitated cases are treated together instead of isolating, this plan commending itself to those in charge.

The colony or pavilion plan seems to be in favor. By this means it is possible to segregate the types—more especially the acute or promising cases from the incurable ones.

In most of the large hospitals of England Germany and Austria, much attention has been given to amusement in the way of theatricals, concerts and games. Large assembly halls and theatres, beautifully decorated, form a conspicuous part of these institutions.

The family care of the insane as carried out in Scotland, and since tried in Leipzic, is worthy of consideration. In the latter place 73 patients have been placed with families, and Mueller, in discussing the plan, states that "family care is a success in a considerable class of patients who, however, must be carefully chosen. It would seem as if the plan might be given consideration in connection with some of our own problems of overcrowding." The pay allowed for the care is 1.50 marks ($0.375) per diem, payments to be made monthly. The family is bound by an agreement which includes constant supervision, and the patient is always subject to the physician-inspector.

An important advantage of the European countries in the care of these unfortunates lies in the low cost of help (nurses and attendants). The apportionment of nurses is from one to six patients to one to ten throughout.

It is surprising to note, in view of the recent advances in biologic and artificial sera, that laboratories are wanting in many of the larger institutions.

It would seem that the nearer the approach to the appearance of a hospital, with a minimum of restraints, other than physical or manual, in the active curable cases, affording the greatest amount of out-of-door rest in bed, the more the promise of recovery and the more the expense will be minimized in the end. One cannot but be impressed with the need of more active and effectual treatment and attention in places of detention for acute cases, through the elaboration and bettering of their facilities, than to maintain them simply as places of detention.—G.A.M., in Denver Medical Times, July, 1911.

Temperance in Canada.—Prince Edward's Island is under prohibitory law. In Nova Scotia no liquor is sold except in Halifax. New Brunswick is under local option, and is going dry. In the province of Quebec, more than half the parishes are under local prohibitory laws, and other parishes are falling into line. In Ontario one-eighth of the barrooms went out of business on April 30. In Saskatchewan, four out of seven important towns voted "no license" last December. The work is progressing in other provinces.

Digitized by Google

THERAPEUTICS

Saline Solution in Cholera.—The collapse in cholera is the result of either cramplike pains or the loss of fluid of the body. To replace the fluid salt solutions should be given subcutaneously or intravenously. For venous injection the median cephalic vein should be opened at the elbow and the solution injected with a silver cannula until the pulse commences to be nearly normal. The saline injections are made by dissolving two drachms of salt in a pint of water, sterilizing it through heat, and using it at 115 deg. F. The retainer should be raised from two to three feet above the site of injection. Sometimes it will be necessary to inject for three hours continuously (up to three pints). Care should be taken that the infusion is kept at an even temperature. It is best to leave the cannula in situ, as the injection may have to be repeated. For subcutaneous injection an exploring syringe needle replaces the cannula. It is best to inject into the subcutaneous tissue under the breasts, at the side of the chest, in the abdominal wall, or at the back between the shoulder blades. The container must be raised from eight to ten feet above the site and the fluid is to be kept at an even temperature (115 deg. F.). When about two pints have been injected into one region the place of injection should be changed. The injection is to be continued until the pulse begins to be more regular. It will thus be necessary to use in many cases up to six pints.—N. Y. Med. Jour.

Iodine Skin Disinfection.—Water and soap should not be used just before applying iodine as the water will swell the epithelium and the iodine will not penetrate deep enough. The iodine method is for the purpose of supplanting the scrubbing and washing and should not be used in conjunction.—G. H. Palmerlee, in Detroit Medical Journal.

The Use of Salvarsan in the Treatment of Malignant Tumors.—Professor V. Czerny and Dr. A. Cann (Munch. Med. Wochensch., No. 17, 1911) have employed salvarsan in twelve cases of malignant disease, comprising seven of carcinoma, two of sarcoma, and three of Hodgkin's disease. The Wassermann reaction was positive in all, with the exception of one case of cancer and one of Hodgkin's disease. In the cases of cancer the stomach and intestinal tract were involved in two, the tongue in three, and the lip and floor of the mouth in one each. The neutral emulsion of salvarsan recommended by Michaelis and Wechelsmann was used, which was usually injected into the gluteal region, but sometimes into the tumor. From their experience the authors draw the following conclusions: (1) In inoperable malignant tumors with a positive Wassermann reaction, and particularly in sarcomata, a trial of salvarsan is indicated. Its use is justified in view of its favorable influence upon these tumors, as shown by their tendency to become liquefied and undergo necrosis, and also by the fact that arsenic is one of the oldest and in many ways the most efficient medicament recommended for the treatment of malignant disease. (2) Operable tumors are to be surgically removed under all circumstances, but it is questionable, particularly in sarcomata with positive Wassermann reaction, whether an attempt with salvarsan is not warranted. (3) Salvarsan treatment of malignant tumors should be resorted to only in hospital practice, owing to the occasional intense reaction. Cachetic and debilitated patients should be excluded from the treatment. (4) The customary dose of salvarsan of 0.4 to 0.6 gm. is too small for cases of malignant growths, and, depending upon their extent, several injections of such doses should be made. (5) A combination of direct injection of salvarsan into the tumor, with its administration at some other point of selection, perhaps intravenously, appears particularly effective, although the dose to be employed has not yet been definitely established.—Internat. Jour. of Surg.

A Simple Means of Removing Plaster Apparatus.—In spite of the use of special instruments, the removal of apparatus containing plaster-of-paris is often troublesome, and in the case of a recent fracture may cause injury. Methods of softening the plaster by water, either alone or with the addition of salt, are rarely successful, as the apparatus becomes coated with a layer of grease which prevents their action. Satisfactory results will be obtained by moistening the line of section with vinegar applied on a cotton tampon. After a minute the plaster will be found completely softened so that it may be easily divided with a pocket knife or ordinary scissors—a procedure easy for the surgeon and painless for the patient. By this method a plaster case for fracture of the femur, consisting of 80 turns of bandage, may be removed in about a minute and a half.

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

The Study of Goitre.—It is announced that the public health service at Washington is about to begin an extended study of goitre to learn the cause of epidemics of the disease now existing in various parts of the country. Dr. John Sundwell of Chicago, now doing research work at Johns Hopkins University, has been engaged to conduct the investigation.

Work Started on the New Phipps Institute Building.—Ground was broken on July 10th for the new hospital and laboratory building of the Henry Phipps Institute of the University of Pennslyvania. This building, which will cost $250,000, is to be devoted exclusively to the study and treatment of tuberculosis. Mr. Phipps, the founder of the institution, will give to the trustees of the university $50,000 each year for its maintenance. It is expected that the new building will be ready within a year.

The Iowa State Medical Society has decided to own and edit its own official organ. It has given authority for the purchase of the Iowa Medical Journal from Dr. Edward E. Dorr, Des Moines, its editor and proprietor, and will continue its publication as the official journal of the society under the editorial management of Dr. David S. Fairchild, Clinton.

The Best Kind of Monument.—Tom Johnson, of Cleveland, is quoted as saying: "When I die, I hope people will make a playground over my body. I would rather have the children romping over my grave than a hundred monuments." He is two or three stones throws away from the ancestor-worship and ghost-worship of the Chinese—farther away, perhaps, than some of the rest of us.

Plague in the East.—The International Plague Conference at Manchuria has completed its work. It was decided, among other things, that when proper authority is given to the health officers, there is no need to stop railway traffic because of the existence of plague. In February there were 43,500 deaths from plague in India; in March 95,884 deaths, more than 3,000 a day, or two a minute.

Chinese Medical School.—The establishment of a medical school in China, for the purpose of teaching to the Orientals the Western methods of hygiene and medical treatment, has at length been accomplished, and the institution, which will be situated in Shanghai, will open its doors in February, 1912, under the auspices of the Harvard University Medical School. Dr. Martin R. Edwards will be the head of the new school, and he will have a corps of fifteen assistants, most of them Harvard graduates.

The Wisconsin State Board of Medical Examiners held its annual meeting in Madison recently, and elected the following officers: Dr. M. A. Barndt, of Milwaukee, president; Dr. John M. Beffel, of Milwaukee, secretary and treasurer; auditing committee, Dr. William L. Thompson, of Milwaukee; Dr. C. W. Rodecker, of Wonewoc; Dr. F. G. Connell, of Oshkosh; committee on local medical schools, Dr. A. C. Bailey of Fennimore; Dr. J. M. Beffel, of Milwaukee; Dr. G. H. Ripley, of Kenosha; committee on foreign colleges and departments, Dr. M. A. Barndt, of Milwaukee; Dr. H. W. Abraham, of Appleton; Dr. F. G. Connell, of Oshkosh; committee on midwives,

Digitized by Google

Dr. Rodecker, Dr. Beffel, Dr. Ripley; committee on reciprocity, Dr. Bailey, Dr. Abraham, Dr. Ripley, and Dr. Thompson. Dr. Lucius T. Gould, of Milwaukee, was appointed special commissioner.

Typhoid in Pennsylvania.—Owing to the vigilance and energy of the Pennsylvania State Health Department typhoid fever is being gradually but effectually stamped out in the state. Sanitation under intelligent direction is doing wonders. Sewerage along practical lines is being taught to city, borough and township residents and authorities. Back of the State Health Department is the law which authorizes the department to compel residents of the state to aid in improving conditions in and about their premises.

Pulmonary Tuberculosis.—Dr. N. Raw (London Lancet) has come to the conclusion that human and bovine phthisis are antagonistic in the human body and that children who have suffered from bovine tuberculosis in the form of glands, joints, etc., are immune against consumption and that persons who have developed consumption are immunized against the surgical forms of the disease. He supports this theory on the ground that Von Behring, in producing immunity against tuberculosis in cattle, could only do so by using the human strain of bacilli. Raw's results in treating pulmonary tuberculosis with human tuberculin, Koch's T. R., have been very disappointing; recently he has been using a form of bovine tuberculin with much better results. He describes his cases, 28 Stage I, 65 Stage II and 15 Stage III, 108 in all. He started in with 1-10,000 mgm. and gradually increasing up to the maximum dose of 1-100 mgm., never exceeding this dose. He uses along with this treatment the regular hygienic measures ordinarily used. Of the 28 first stage cases, 18 are arrested; of the 65 second stage cases, 41 are apparently cured, 16 relapsed, 3 progressing and 5 have died; of the 15 third stage cases, 3 have recovered. He believes that tuberculin is a valuable aid to the other methods of treatment but must be used with great care and discrimination.—Boston Med. and Surg. Jour.

The Cholera Situation.—The first case of cholera in the Borough of Manhattan appeared on July 23, when the patient applied for treatment at Bellevue Hospital. When the nature of the disease was determined he was at once removed to Swinburne Hospital. The man was a fireman on a tramp steamship which sailed from Liverpool on March 15, and, after touching at the Azores and South American ports, entered New York. Since the outbreak of the epidemic there have been ten deaths from the disease on Swinburne Island, and a number of patients are still detained there, all of them having come from Mediterranean ports. The Treasury Department on July 20 issued a formal order to all national, State, and local quarantine officers requiring a bacteriological examination of every steerage passenger arriving at an American port from a cholera-infected port. This will exclude all cholera "carriers." As a further step to increase the efficiency of the New York quarantine Governor Dix has ordered for the present a discontinuance of the freshwater investigation of quarantine affairs which has been in progress for some weeks. The Italian authorities still endeavor to disguise the seriousness of the situation, but advices from Rome state that during the five days ending July 16 there were in the city of Naples 64 new cases and 21 deaths, while in the province of Naples there were 48 cases and 19 deaths, and in Palermo 62 cases and 19 deaths. Several cases have also been reported in small towns in the neighborhood of Montpelier, France; and the Russian newspapers tell of scattered cases throughout the Empire. One fatal case of cholera has been reported in Boston.—Med. Record.

Broad sessile warts are best removed by the application, under water, of the Oudin high frequency current by contact with the tip of an insulated copper conducting cord.—Amer. Jour. of Surg.

Leucorrhea.—The following is recommended when the discharge is watery:

Hydrastinae hydrochloridi.....
Zinci boratis.....aa grn. xij
Ext. belladonnae foliorum.grn. jij
Boroglycerini.....3vj

M. Ft. suppositoria No. xij.

Sig.: Introduce suppository into vagina at bedtime after employing cleansing douche.—Monthly Cyclopedia.

Internal Hemorrhoids.—

Cocainae hydrochloridi....grn. xv
Ergotini Bonjeani Merck.....3i
Ichthyolis.....*m* lxxv
Hydrarg. chloridi mitis...grn. xlv
Lanum.....3iv
Petrolati.....3iv

M. Sig.: Insert a piece the size of a small nut into the rectum after each evacuation.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX ST. LOUIS, FRIDAY, AUGUST 25, 1911. No. 4

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

REASONS FOR DISINFECTION IN TUBERCULOSIS.

THEO. Y. HULL, B. S., M. D.

SAN ANTONIO, TEXAS.

In anti-tuberculosis work, two objects must be kept constantly in view:

1st. To increase both the racial and the individual power of resistance to infection;

2d. To destroy the tubercle bacillus as far as possible.

The first of these lying partly in the domain of eugenics and partly in that of medicine may be brought about by better marriages, better living, and ultimately by some form of immunization. The second, purely a question of hygiene and sanitation, may be largely accomplished by the education of the individual in personal hygiene, by strict registration, and by official disinfection. In regard to disinfection, why is it necessary and have we any effective means for destroying the tubercle bacillus when expelled from the human body? Why is it expedient to disinfect apartments vacated by consumptives?

1. The tubercle bacillus from human sputum is the chief source of infection, and is thrown off by consumptives in enormous numbers. It is estimated a single consumptive may expectorate 500,000,000 to 3,000,000,000 bacilli in 24 hours.

2. Tuberculosis is universally prevalent, and consumptives are in practically all communities furnishing so many foci for infection.

3. Consumptives are proverbially careless, expectorating in any convenient receptacle; sometimes on the floors; often in handkerchiefs, cloths, etc., which afford opportunity for quickly drying the sputum, and often permitting particles to remain on their own clothing which may be readily brushed off when dry.

4. All consumptives are unable to prevent small particles of sputum from being suddenly expelled during paroxysm of coughing, sneezing, etc., which fall upon bedding, carpets, furniture, wood-work, wall-paper, etc., affording the most favorable condition for dessication, pulverization, and dissemination.

5. Flies are recognized as active agents in the distribution of tubercle bacilli, being prevalent in all communities and being rarely effectively excluded from the apartments of the consumptive and other rooms of the house.

6. The conditions of the rooms of the house occupied by consumptives usually are favorable to the retention of vitality by the bacillus the direct sunlight being often excluded and ventilation usually imperfectly accomplished.

What effective means have we for disinfecting apartments vacated by consumptives? We can best answer this question by a study of the biological characters of the tubercle bacillus.

Biological Characters.—The habitat of the tubercle bacillus is the living body, and so far as we know does not grow elsewhere except in specially prepared culture media. The temperature limits of its growth range from 82.4 deg F. to 107.6 deg. F. The temperature best fitted for its rapid growth ranges from 98.3 deg. F. (the normal of the human body) to that of slight fever 100 deg. F. (a temperature so frequently present in early infection. The bacillus thus seems to have the power to create an environment most favorable to its own development. Under such favorable conditions which prevail in practically all consumptive, vast numbers (estimated by some to equal three billion in a single case

Digitized by Google

in twenty-four hours) are thrown off in the sputum. The natural life period of the tubercle bacillus in favorable environment (according to Sternberg) is from two to eight months. Outside the body, it may live from a few minutes to many months according to conditions of light, heat, and moisture.

The viability of the tubercle bacillus in human sputum—particularly in the dried state since drying is essential to distribution in the air—is of very great importance.

Kruger found bacilli virulent to guinea pigs in the dust of the hospital wards; and Morman found virulent bacilli in the dust of the streets. Sawizky found particles of sputum dried on the floor to contain virulent bacilli after two and one-half months, while Twitchell found virulent organism in sputum dried on the handkerchief, woodwork, and woolen blankets on the seventieth day, and in particles dried on the carpet on the 39th day. Particles of sputum floating in the dust contained living bacilli eight to ten days (Jordan). In masses of dried sputum in dark and cool places, the organisms remain viable six to eight months. Sternberg says nine months. In putrifying masses, the bacilli remain alive for a period varying from six weeks to four months. In addition to this, Koch tested sputum dried at the laboratory temperature and found it virulent in the eighth week. Schill and Fischer found quickly dried sputum to retain virulence for four to seven months; ordinarily dried sputum virulent on the 95th day; but non-virulent on the 179th, and in another case dead after the seventh month. Forna found dried sputum virulent up to the tenth month, while Cornet claims that dried sputum loses its virulence in from three to eight months. The thickness of the mass and the nature of the object upon which the sputum rests are factors to be considered for dried in thin smears, virulence remained from two to four months; dried on glass, bacilli dead after four months; and on cloth after six months.

The resistance of the tubercle bacilli to physical agents—heat and light—has been quite thoroughly tested. Cornet found bacilli in a thoroughly dry state alive after one hour of exposure to a temperature of 212 deg. F.; while 158 deg. F. for one hour suffice to kill bacilli in a moist state. Cornet also found bacilli killed in sputum heated to 158 deg. A temperature above 167 deg. F. kills on short exposure, but the bacilli in milk were not killed by 151 deg. F. in one hour. The effect of direct and diffused sunlight upon the tubercle bacilli found in the sputum is of great importance. Direct sunlight is said to destroy the bacilli in sputum in from 20 to 30 hours or more. Koch states that sunlight will kill the bacillus in sputum in a few minutes to several hours; Jousset in 48 hours; and according to Twitchell the direct sunlight 7 hours. This seems hardly compatible with a statement by Sternberg to the effect that sputum on the sidewalks and in the streets will be sterilized before being dessicated and raised in the dust. (Sputum on the Sidewalks and in the Streets.—The danger lies not so much in the dust containing virulent bacilli which it may, but in the fact that flies convey particles of tuberculous sputum to exposed food and that pedestrians not infrequently carry other particles into their homes where it is rubbedd off on the carpets and furniture.)

The resistance to chemical agents has been studied quite extensively. Sulphur, mercury, carbolic acid and formaldehyde are the agents most generally used as germicides. Sulphur, which has been popular in the lay mind, has been found "not efficient" by some, and it is said by others that it does not kill the tubercle bacilli; while on the other hand, Thinot (Sternberg) claims that 60 grams of sulphur per cubic meter of space, burned in the presence of moisture, will destroy the tubercle bacillus in 24 hours (three to five pounds for ordinary room). Bi-chloride of mercury, another popular disinfectant, is also classed as "not efficient" in regard to the tubercle bacillus. Schill and Fischer state that a 2 per cent solution added to an equal amount of sputum failed to accomplish the purpose. Carbolic acid in 5 per cent solution kills the bacilli in sputum in 24 hours; weaker solutions requiring longer time.

It seems to be the consensus of opinion that in formaldehyde, we have an agent for the disinfection of rooms which may be relied upon to a reasonable degree when properly used to accomplish the destruction of the tubercle bacillus under the conditions in which it is usually found in such apartments. It is however a surface disinfectant, having no great penetrating power. Jordan (page 81) states that "formaldehyde is a more effective germicide than sulphur-dioxide." Hiss and Zinsser pronounce it "of all known gaseous disinfectants by far the most reliable." Harrington says that 110 c.c. formalin suffices to produce sterility within two and one-half hours in a space of 1000 cubic feet. McClintic (1906) found that formaldehyde usually destroyed the tubercle bacilli in sputum exposed on threads and carpet. According to Stuver

Digitized by Google

1.6 grams formaldehyde per cubic meter kills all non-spore-bearing organisms, but states that 2.5 grams per cubic meter should be used. Bergey declares that three pints of an equal mixture of formaldehyde and water per 1000 cubic feet is effective.

From these studies concerning the presence of the tubercle bacillus in apartments occupied by consumptives, the viability and virulence of the same under room conditions and the destructive effects of various chemical and physical agents upon it, it is plainly evident that the necessity of attempting the destruction of the tubercle bacilli in such places exists and it also appears that we have at our command agents which are fairly certain to accomplish their destruction. Furthermore from our knowledge of tuberculosis and its specific cause, the tubercle bacillus, we may draw certain definite conclusions:

1st. That the chief source of the infective agent in human tuberculosis is the sputum of consumptives.

2d. That such consumptives are dangerous to others in direct proportion to the want of care exercised in destroying the sputum.

3d. That in practically all cases of tuberculosis, particles of sputum will escape into the immediate surroundings of the patient during paroxysms of coughing and sneezing and at unguarded moments.

4th. That the escape of such particles of infected matter into the immediate environment of the consumptive, constitutes a zone of more or less danger to susceptible persons.

5th. That the tubercle bacilli in such particles of sputum falling upon the floor, walls, bedding, etc., remain alive and virulent for a considerable period of time.

6th. That absolute cleanliness, freedom from flies, free circulation of air and abundant sunlight are imperative in the apartments occupied by consumptives.

7th. That experience has shown that in sunlight, fresh air, carbolic acid, and formaldehyde, we have effective agents for the destruction of the tubercle bacilli in infected apartments and thereby lessening the danger of infection to others.

8th. That the disinfection of premises vacated by consumptives while it may not destroy all the pathogenic organisms present, will by destroying a large proportion of the same, lessen the danger to others and is therefore imperative.

9th. That to make disinfection effective: (a) it should be compulsory in every instance when an apartment is vacated by a consumptive—whether by death or otherwise; (b) the agents used and the manner of their use should be prescribed by the board of health; (c) the disinfection in every instance should be done by a public disinfector who is responsible to the board of health.

10th. That such apartments shall not be again occupied until thirty days after the disinfection, and shall have been open to the direct sunlight for at least twenty days.

11th. That no such apartment shall be rented without a certificate being given showing when, how, and by whom disinfected.

In conclusion, we must remember that while disinfection can be made reasonably effective in destroying the tubercle bacilli in contaminated apartments, it should not be relied upon to the exclusion of absolute cleanliness and carefulness in preventing the contamination of the immediate environment of the consumptive. In our zeal for particular things, we must not lose sight of the main fact that tuberculosis is best combatted by intelligence in educating the people along public health lines, and in upbuilding a stronger race by inducing saner and better modes of living. Ignorance, carelessness and indifference form a trio of curses responsible for most of our present afflictions. When we cease to suffer from a species of photophobia which excludes the sunlight from our homes, when we cease to exclude the fresh air from our sleeping apartments; when we cease to consume unwholesome food and indulge in harmful beverages, and when we cease to consent to or even encourage the marriages of the unfit, we may then do away with the necessity of employing disinfectants in combatting the spread of tuberculosis.

What appears like a mild cellulitis or beginning erysipelas following a rat bite is apt to be the local manifestation of a "rat-bite fever."—Amer. Jour. of Surg.

Poliomyelitis in Michigan.—Members of the Michigan State Board of Health are alarmed over the number of cases of anterior poliomyelitis being reported indirectly throughout the State. During the past few days three cases have been reported in Grand Rapids. Reports up to July 1 show that twenty cases have resulted since January 1. Seventy-one cases were reported last year, of which forty-seven resulted fatally. A large number of the others were left with partial paralysis. The State Board believes that many physicians do not thoroughly understand the disease.

Digitized by Google

THE SUPERVENTION OF CARCINOMA ON THE SITE OF CHRONIC ULCER OF THE LEG.

D. W. BASHAM, M. D.

WICHITA, KAN.

It is not to be maintained that ulcer is a very frequent cause of malignant neoplasm. Nevertheless, there are too many undoubted cases where cancer has developed upon the site of an old ulcer, an X-ray burn, an eczema or a common burn to permit us to pass the matter by as mere coincidences. It is altogether probable that an X-ray burn, an old eczema or a common burn might be the cause of cancer as readily as an old ulcer. The influences over tissue metamorphosis are the same in all of these pathologic conditions, whether the pathogenetic metamorphosis is actuated by chronic inflammation or by irritant chemical medicaments so often employed in the treatment of these things it is impossible to say.

It seems to have been an idea of Virchow that the malignant cell, and consequently the malignant neoplasm, was the result of accident to metabolism. The insult to the normal process of metabolism must be of such a nature as to pervert the cytogenetic forces from the fulfilment of their work in producing the perfect cell. The self-evident fact in the genesis of malignant tumor is that the elemental malignant cell must have its origin somewhere in the course of ordinary metabolistic changes. The question then naturally arises as to whether the malignant cell is due to pathologic cytogenesis, probably the result of a pathologic physiology of some important part of the chylopoietic system, as probably is the case in pernicious anemia, or is the cell which was normal in the beginning changed to a malignant type at some point in its development through the effect of some peripheral irritation. Carcinoma seems to be the form of malignancy originating most frequently from chronic ulcer.

It would therefore appear that long and constant irritation is necessary to produce a cancer. There can be no doubt that sarcoma very frequently has its origin in an injury. The injury is usually but a slight one, and the sarcomatous neoplasm usually makes its appearance within a few months. Why the chronic ulcer should result in carcinoma and the acute trauma in sarcoma is not yet understood.

As stated in the beginning, we do not propose to claim that chronic ulcer is a a very frequent cause of cancer, but we must keep in mind that there are many cases of carcinoma which undoubtedly have their origin in old ulcers, the cicatrices of burns, lupus, and chronic eczema. There must therefore be something in these chronic conditions which exerts a power to either originate a malignant cyto-biosis or to convert the normal cell into a malignant type.

Case.—Mr. W. E. G., aged 76, height six feet; weight 200 pounds; Caucasian race; widower; retired banker; residence Yates Center, Kas. Temperature 100 F., pulse 100 per minute; tongue furred; bowels constipated, and skin dry.

His father died at the age of 75 years of some disease of the stomach. His mother died at the age of 65 years of pneumonia. His paternal grandfather was drowned at sea at the age of 40. His paternal grandmother lived to a great age. He had eight brothers, all dead but one. Four brothers died in infancy. One brother died at 70 with cancer of the bowel. Another brother died of typhoid fever, and another of pneumonia, ages not given. The brother still living is fifty years of age.

He had four sisters all dead but one. One sister died of typhoid fever, one in status parturientes, and the other in adolescence. One sister still living at 53 years of age.

The patient has had ill health all his life. During early life he was afflicted with a chronic cough. At the age of twelve he was bitten by a rattlesnake on the inner aspect of the right ankle. At about the age of eighteen years, he fell from a house lacerating the soft tissues of the right leg extensively. At the age of 27 years, and while serving in the army, he sustained a fall from his horse, injuring the right leg at the present site of the epithelioma. This injury was three or four months in healing. The sore did not remain healed, but was alternately opened and closed until about eight years ago, since which time it has always remained open. The veins in the diseased leg have been enlarged and tortuous and are still so. Until about three years ago there was nothing unusual in the appearance of the sore. At this time a small cauliflower excresence appeared in the ulcer looking different from anything that had occurred before. From this excrescence a watery fluid was excreted. There was no odor from the sore at this time. A surgeon removed this cauliflower excrescence by means of caustic, the nature of which the patient did not know. About three months before he came to the hospital a fungoid mass appeared in the ulcer which discharged a

Digitized by Google

watery fluid that gave off a foul odor. The sore had had a disagreeable odor for some time before the fungoid mass was observed.

The growth having all the macroscopic appearance of cancer, a section was removed under Schleisch's infiltration anesthesia for microscopic examination. The microscopical work was kindly done by Drs. Seydell and Andersons, house surgeons for St. Francis Hospital at that time.

The sections showed the neoplasm to be an epithelioma. Amputation was decided upon, and on January 29, 1910, the limb was removed just above the knee by the Lister modification of the Carden operation. The operation was placed above the knee-joint for the reason that I felt that immunity might more certainly be obtained by going high.

The convalescence was without incident and the patient still remains well. The ulcer was situated on the external and anterior aspect of the right leg. It began four inches above the external malleolus. It extended five and a half inches up the leg. It was seven inches in the transverse direction. The leg was seventeen inches in circumference. The growth was a foul looking, malodorous, cauliflower excrescence ulcerated here and there. The edges were raised and sharply circumscribed. It bled easily and freely and was of a livid color. Above the growth the skin was eczematous. Below the mass the ankle and foot were edematous. There was a small ulcer two and a half inches long by one and a half inches wide in front of the ankle. The edges of this small ulcer were indurated and its center was composed of an islet of apparently healthy skin. Another small ulcer, semilunar in shape with hard edges, was situated just above the external maleolus. There was another small ulcer above the growth on the anterior surface of the leg. Both the tibia and the fibula were involved in the malignant process. The depth from the highest part of the growth to the bone was one inch. The muscles and their sheaths were infiltrated. Also the anterior tibial nerve.

Microscopic sections were taken from the small ulcer just above the external malleolus, half skin and half ulcer, from the ulcer situated anteriorly above the mass, and from the main tumor including adjacent skin.

I may add that a thorough study of the sections at leisure, after the operation, confirmed the diagnosis of epithelioma.

Subscribe for the Medical Fortnightly.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER VIII.

As actions sometimes speak louder than words, results sometimes exceed our expectations. While we hesitate to advertise, in the commercial way, we all know that we win or lose, rise or fall, in public estimation, by results accomplished. And the manner of accomplishing these results is of fully as much value in the end attained as the result itself, pure and simple.

In other words, the physician's manner, as well as his skill, gauge the measure of his success. A grateful patient will usually sound the praises of his physician in no measured terms. But factors leading to encomium are not alone medical skill, but social suavity, a word not meaning softness or servility of manner, but urbanity, a savoir faire of doing and saying the right thing in the right place and at the right time.

What we say and how we say it goes a long way toward our success or failure. Moreover, we cannot say the same things, in the same way, to all classes, with the same effect.

Words familiar to the well-informed may be unintelligible to the less erudite, and hence to those who know as a child we must speak as to a child. Otherwise directions will be misconstrued or ignored, for lack of understanding them, and harm ensue both to patient and physician.

Moreover there is danger in saying too much for the least said is soonest mended, as the shortest tale is soonest ended; and if you give your patients, of a certain class, little to talk about there will be less said of you to your detriment.

Even among philosophers shades of meaning vary with the individual understanding of words and phrases, and loud wrangling and bitter enmity have been the result of heated arguments in which the disputants were one at heart but waged a war of words only. Among the laity, less versed in the use of precise language, the tendency is to put the worst and strongest construction upon our simple statements.

If we tell a patient, his relatives, or friends, that his sickness is a serious one, intending, or not, to profit by fame for skill in bringing him or her through the

Digitized by Google

trouble safely, the majority jump to the conclusion that you mean that the patient is going to die, and if, perchance he or she recovers, they brand you as ignorant of cause and effect, or as an alarmist—a bad reputation either way. Or, believing that you have lost hope and will consequently lose heart in the fight against death, they will employ another physician who will profit the more if the patient gets well because, they say, you gave him or her up to die, which may have actually been far from your thoughts and not what you intended to convey by your words.

Yet the anxiety which the patient and friends suffer, this loss or gain of professional prestige and reputation, turn upon the too serious interpretation, on the one hand, and the too slightly serious interpretation, on the other hand of the word serious. Hence all statements must be qualified and explained—and then the laity say we physicians "hedge."

While the physician means that conditions are threatening and demand the greatest care to forefend a possible fatality, or simply that the disease is somewhat more severe than ordinarily met with, the laity interpret it as a dark and direful prophecy, while the word dangerous, applied to an illness, is a sentence of inevitable death preventable only by a miracle. And if that seeming miracle occurs it is attributed to God, to whom all praise be due, and but little gratitude is shown to the poor physician who has labored hard and zealously to bring about that miracle and possibly assisted in its performance.

To many people every swelling is a tumor and every tumor is "sure death." To those who have no acquaintance with it, and God forbid they should be introduced to it, a tumor is a cancer and a cancer is a tumor.

Tell these people that tumors, properly so-called are some benign, some malign and they will think you are flippantly jesting upon serious matters, for the idea of benignancy is that of a person who is kind to other people and won't hurt 'em and of malignancy that of one who is an incarnated devil of ugly deeds; and if they only knew it the same applies to tumors, some kind, in that they are comparatively harmless, while others are devilishly destructive.

And so it is with the doctor's conversation. It may be benign, kindly consoling and reassuring; or it may be malign, of bad influence, when it is rudely blunt, unnecessarily truthful, or even a bit o'er serious unless justified by conditions where the truth must be told—benignly.

CHLOROFORM HABIT.

WILLIAM F. WAUGH, M. D.

CHICAGO, ILLINOIS,

Professor of Therapeutics, Bennett Medical College.

Dr. Burnett describes in the Medical Herald, St. Joseph, Mo., one of those curious cases that are seen only by the man who treats drug habits. A doctor had taken chloroform as a hypnotic for eight years, when it suddenly refused to bring sleep, and induced a wild delirium instead, except when he was completely narcotized by it. "The pupils were dilated, eyes insanely staring and glassy, teeth covered with sordes." Here is Dr. Burnett's fine study of the therapeutic indications:

"If this man had been addicted to morphine, nothing but large doses of morphine would relieve his violence and save him mentally. If not, half a grain would be dangerous if not fatal. If he took morphine a hypnotic dose of sulfonal would have no effect. A hypnotic dose of veronal would be dangerous in being followed by the delirium and insane delusions which it causes in large doses, as well as causing increase of the already existing neuritis. Trional in large doses would cause further mind confusion and depression. Chloral in controlling doses is dangerous in all such cases. In this case already the pulse was hard to find and not countable at times. To continue chloroform meant death soon. The uncontrolled delirium and mental and physical violence meant early death in all probability, and at best, meant mental destruction if he survived the continued violence. In my practice, in every case of prolonged chloroform delirium with insane violence, the chloroform has been substituted for morphine; the patient attempting to quit the use of morphine, or trying to use some short-cut, nostrum, so-called cure."

The wife denied the morphine, but this was not trusted.

The pulse was fortified with strychnine. Through a nasal tube he was given 42 grains of sulfonal and 8 of veronal; the latter for immediate effect, the former to sedate the sensory brain cortex. Morphine ¼ gr. was given also. Prompt sedation followed, the patient slept seven hours, when more strychnine was needed. Only waking for food—raw eggs, milk, cream—he slept for 24 hours. Profuse perspiration followed a bath, and an electric light bath.

Digitized by Google

Most unfortunately, the patient was removed when better, but not well, after four days.

Here we have a case where the patient had reached the point of saturation the toxic products of his own metabolism, and of the foreign elements introduced to quiet restlessness and drown the protests of an outraged physiology. Two cardinal indications present—to eliminate the toxins and to sustain life while so doing. For the first indication—which largely meets the second at the same time—the bowels should be swept out by emetine in full doses and saline laxatives in tablespoonfuls every two hours; aided and abetted by cold enemas. There is something in the impact of cold water on the recto colonic mucosa that has no parallel in drug action. The reflexes are stimulated, peristalsis invigorated, and the excretion of bile is aroused in a way no other remedy will act. When bile has been absent from the stools and reabsorbed until intense jaundice is present with somnolence verging on coma, nothing will restore the outflow of bile by the bowels like the cold colonic douche. This is especially valuable because when it comes to freeing the blood of toxins the greatest power we can invoke is the liver.

At the same time the heart action must be critically watched and maintained at the full physiologic standard. The suddenness with which collapse and heart-failure supervene in these cases, teaches one who has once had the experience to be on the lookout for the first signs of it, and "fortify the heart," as Dr. Burnett aptly puts it. But I do not look upon strychnine alone as the remedy here. This powerful incitor of vitality energizes all the vital functions, but is not directly a cardiac tonic. Better results follow when the doses of strychnine are very small, and similar doses of "digitalin" added. I refer here to the water-soluble digitalein, whose tonic effects on the heart is manifested within half an hour. Give of this one milligram, with half as much strychnine, and repeat both every half hour until the pulse tension is exactly normal; then thereafter as often as may be necessary to maintain this effect. In this condition I prefer the valerate of strychnine, as affording speedy action and a decided tranquilizing power that is especially desirable here.

I will admit that the following may be personal prejudice—but I do not like these chemical hypnotics here. The patient's system is surcharged with toxic products of chemically-derived remedies. It seems to me that no similar drug, none capable of adding to this objectionable toxemia, should be employed. The vegetable nerve sedatives, hyoscine, gelseminine and solanine, do not add to these toxins, and if judiciously dosed allay irritation of the nervous centers naturally and not by a chemical benumbing. Their dose is so minute that under no condition of decomposition could the bulk of any resulting product be aught but inconsiderable. One who has seen nervous erethism subside, and sound, natural, refreshing sleep supervene, after a few doses of hyoscine, 1-1000 grain, needs no argument for their efficacy.

The use of any agent that tends to obstruct elimination should be avoided. This shuts out digitalis in powder and tincture, since these contain the perilous vascular astringents, digitoxin and digitalin, neither of which are present in the infusion. Digitalein is not an astringent of the blood-vessels, nor is sparteine, or cactin; and we look to this group for safe regulation of the heart. To lock the overpowering toxins within the body would be to invite that vital collapse we used to see in delirium tremens when the one indication was supposed to be putting the patient to sleep. Now that we have learned to recognize toxemias, and the benefits following the open doors of elimination, such maladies have lost their terrors. Great credit should be given Dr. Crothers, who emphasized this fundamental truth at a time when few of us had recognized it.

Dr. Burnett's splendid paper illustrates another fact I have called attention to previously, and that is that the treatment of drug habitees offers remarkable opportunities for the study of drug action. Dr. Pettey, of Memphis, has illustrated this by his studies of sparteine and strychnine.

Cholera in France.—It is said that much anxiety is felt in Paris on account of the appearance of cholera in Marseilles, several suspicious cases which ended fatally having occurred there during the past few days. In addition to rigorous measures being taken to isolate all who come in contact with the patients, the Pasteur Institute of Paris, at the request of the Under Secretary of State for the Interior, has dispatched a consignment of anti-cholera serum to its representative at Marseilles, and Dr. Solembrini has gone to that city to superintend the use of his remedy. Rumors of the appearance of cholera in Paris are officially denied. It is stated that there has been no sign of the disease, and that the health of the city is good.

Digitized by Google

SPECIALISM.

D. L. FIELD, M. D.

JEFFERSONVILLE, IND.

We live in an age of "specialism." Because of this, some believe it forbodes dismal prospects of the future of our art. Never since the beginning of our science, has there been such a division of labor, and it is because it falls in with the natural growth and development of medicine. There was a time when the priest and the doctor were combined in the former. Medicine is the descendant of ancient mysticism, and astrology. The surgeon is the development by a process of evolution, from the educated, or skillful barber—the original cupper, leecher and bleeder! Gradually one line of practice after another, became detached from the general system, and assumed an independent function for itself! The beginning of the specialists was in the earlier part of the 19th century, when oculists went from town to town in England, and drew crowds of the afflicted wherever they went. They may have been mere montebanks! The present day oculist is a scientific specialist.

The specialists today are in every field of medical science; and there is yet a difference between an "eye doctor" and an ophthalmologist; between "the throat doctor" and a laryngologist. Still all special practice works injury to the great mass of the ailing, because it tends to narrowness and exclusion. It exaggerates the importance to some parts of the human body, and its ills, and may minimize the ills of every other part. Such a tendency is the natural result of the narrow field of vision.

I have known so-called specialists who were no "great shakes" at all! If a man's special skill is not grounded on general knowledge, he is little more than a charlatan! Specialists are prone to place undue importance to their specialty, and without the patronage of the general practitioner, their business would be contracted to very narrow and often limited practice and profit. The gynecologist thinks the universe revolves around the uterus; the surgeon thinks the knife is the desideratum to not only confirm diagnosis, but to prove the inefficiency of purely medical treatment. The trouble is specialists are too often afflicted themselves with an incurable malady known as cranial hypertrophy! Whenever they get that disease, they begin to magnify themselves, and decry the ability of the general practitoner? Yet we furnish them business!

SELECTED ARTICLE

ARTIFICIALLY COOLED HOSPITALS.*

CHARLES E. WOODRUFF, M. D.

MANILA, P. I.

U. S. Army Medical Department.

It is amazing that the medical profession has made so little therapeutic use of cold producing machinery, as it is many years since it was discovered that there was some mysterious therapeutic virtue in the breathing of cold air. Consumptives, for instance, were found to improve in winter but not in summer, and they made extraordinary progress towards recovery where the temperature was far below zero F., while in hot climates the rapid mortality is dreadful. Then came the startling discovery that in many respiratory diseases, particularly the pneumonias of children, cold air was almost a specific, even when both lungs were greatly involved and death certain if the patient was kept indoors in a warm room.

In the intestinal infections of both adults and infants cold air is of tremendous importance but a week of very hot weather has repeatedly been known to snuff out the life of every feeble infant in a hospital, and many a child has been saved by rushing it out of the city to the nearest attainable cool spot, in the mountains or at the seashore. If poverty prevents such a change, little can be done for the tiny sufferers. Typhoid fever, when treated in hot glary tents gives a mortality at least treble that of cases in cool comfortable shaded houses.

Long residence in the tropics causes a diminution of blood pressure. There is a dilatation of the superficial vessels without any compensating increased heart power, indeed the heart muscle seems to weaken more and at a greater rate than the arterial muscular fibers. Consequently all mucous membrane inflammations are remakably difficult to cure but improve wonderfully as soon as removed to colder climates and they relapse upon return of hot weather. The facts are not known to those who are in ignorance of tropical medicine, and some of the cases that have improved in cold conditions have been considered malingerers. The neurasthenic state in part due to these circulatory disturbances has caused such remarkably severe depression of all secretions as to check digestion itself and cases actually starving to death in the Philippines have recovered so greatly shortly after reaching a cool climate, that it was

*Reprinted from American Medicine, July, 1911.

Digitized by Google

not considered they had been sick at all. There are numerous cases of persistent bronchitis which have long been described as "tropical colds." The cause is unknown but in some the influenza bacillus is suspected to be the original infecting agent. The persistence of the symptoms seems to be due to the same arterial relaxation which prevents recovery of the intestinal inflammations, for they all seem to subside quite promptly in cold air. Chronic inflammations of the nose and ear are also very common in the tropics and difficult or impossible of cure.

The skin of northerners in the tropics seems particularly prone to a great variety of non-infective inflammations, some of which are symmetrically disposed vasomotor disturbances from auto-toxemias or are manifestations of neurasthenic conditions and some are the irritations of excessive light and heat, but all of them, as well as those due to parasites, seem to be made worse by the disturbances of vascular tone so universal in the tropics. I have recently seen a convalescent who had been in a deplorable neurasthenic state from undue exposure to tropical light in the south seas and whose skin eruptions defied diagnosis and treatment at the hands of physicians who did not know of these non-infective neuroses. He instinctively came home and promptly recovered in a cooler, darker climate.

The eczema called "prickly heat," is also of vasomotor origin in large part, if not entirely so, even when it is the seat of an extensive infection. It promptly disappears when the patient is put in a cool room, though it may have previously resisted all kinds of local applications. In a few cases the eruption as in pellagra is confined to the parts exposed to light, and they prove that the causative irritation is the light as well as the heat.

Recently, in a tropical hospital a series of observations were made as to the relation of air temperatures to the condition of patients with dysentery. The climate is remarkably equable, the temperature changes being very slight both daily and yearly. When the theromometer was over 82 F. the cases would improve only slowly or not at all and many relapsed, but when a storm brought cooler air and the thermometer dropped below 80 F. there would be a remarkable change for the better. If the temperature was below 75 F. cases would soon be up and about, whereas they had formerly been unable to leave the bed. It has been known for 150 years, that cases sent home from India as incurable have promptly recovered in Europe and even where complete recovery is impossible a fair condition of health is possible for many years as we see in hundreds of veterans of our civil war, still surviving with chronic dysentery in the cooler parts of the northern states. In none of these cases as far as I know have there been any accurate observations as to the degree of heat which is harmful. It can now be stated that any temperature over 82 F. is harmful and above 85 F. markedly so, and that the nearer we approach 70 F. or 68 F. the better it is for the patient. For this reason, dysenterics sent home from the tropics to die, not infrequently are so much better by the time they reach home that it is difficult to realize how near they had been to death's door only four weeks previously.

Quite recently a report has been published from England of remarkable improvement in a case of sleeping sickness treated in very cold air in a room fitted up in a cold storage plant. In a few weeks the daily stupor was reduced from 23 hours to less than 19, and a hope was raised as to ultimate recovery in this invariably fatal infection. The reason for any improvement at all is more of a mystery than in the case of consumption or pneumonia treated in very cold air. In the two last mentioned infections it has been suggested that very cold air causes a pulmonary congestion which acts in the same way as the mechanical congestion of the Bier's treatment, indeed favorable reports have come from attempts to cause this increased blood supply by restricting that in the limbs.

It has long been known that when the mitral valves are incompetent or the heart enlarged so that the lungs are kept well supplied with blood or even congested, tuberculosis is uncommon, but that the typical consumptive has an undersized heart and perhaps also oversized lungs insufficiently supplied with blood. In the case of the generalized infection of sleeping sickness or in tuberculosis other than that of the lungs, no acceptable explanation of the benefit of cold air is known. It seems that there is a definite thermal range for each species of living thing which, by the ordinary laws of selection of the fittest, acting through thousands of years, has evolved tissues fit for its environment and for no other. Trout, for instance, promptly die if the temperature of the water is raised only a few degrees. If this law really is universal, then each species of plant or animal to survive is limited to a very narrow zone. Man too, must be adjusted to certain temperature ranges according to his type,

Digitized by Google

and though he can stand enormous differences for a little while, any prolonged exposure does seem to reduce his resistance to invading organisms. Eskimos die of pneumonia in New York and Jamaica negroes in Panama, and white men of tuberculosis in any tropical place.

Moreover there is plenty of evidence that an equable temperature is not the advantage which the old school of climatologists assert, if the physique is adjusted to daily and yearly variations. For instance, it is incorrectly assumed that tropical monkeys in our zoological gardens must be kept in a warm room day and night and carefully guarded from cold air. Their frightful mortality from tuberculosis even with perfect ventilation should have given us a hint that something was wrong. As a matter of fact, in their natural state they experience a marked degree of cold every night, and personal observations show that the night air of the forests of tropical mountains where these monkeys live, may be painfully cold. If they do not get this cold air, they are injured, and cases are known of their surviving in outdoor cages for many years, summer and winter, as far north as the Carolinas. A few years ago, before the benefits of cold air for tuberculosis were known, a case was reported of several monkeys received in America, but half were sent to a zoological garden in Kentucky where they promptly died of kindness in a warmed cage, that is, they died of tuberculosis within a year or two, while the others, sent to a friend in Carolina, who "brutally neglected" them by keeping them in an outdoor open cage all winter, were found in perfect health several years later. It was said that these two had "learned" to huddle down under the straw in the corner of the cage in winter and seemed to be perfectably comfortable in freezing weather, but it is quite likely that their ancestors had "huddled" similarly every cold night for thousands of years. If the keepers of zoological gardens would give every tropical animal the degree of cold and the daily and yearly variations of temperature it needs, we would probably see a reduction in the deplorable death rates. Few people realize how cold it can get in tropical mountains at night. It must be remembered that the winter sun in the northern tropics is not any worse than the summer sun much further north and that every 250 feet of elevation is equivalent in temperature range to one degree of latitude so we may have in tropical mountains arctic species which promptly die if taken to the hot lowlands.

The tropical negro is protected from strong light but is adjusted to much more of a range of temperature than we have realized, and he survives a southern outdoor life in America like the monkeys we mentioned, but let him go further north and take up house labor as he is strongly inclined to do, and he, too, dies of tuberculosis. The northern European is adjusted to a far greater range than the negro, but it must be intermittent. Experience shows that in very high temperature he suffers less from sun stroke than the negro whose black skin absorbs so much more of the heat. In the hot fire rooms of ships, negroes suffer far more than white men. The intensely hot days of the short hot summer do no harm to the northerner if he has cool nights, and he thrives in the bitter cold of winter with its rapid daily changes, but in an equable temperature of even moderate height, say 70 degrees, he goes to pieces in a few generations. The lessened nasal aperture of northern races positively prevents proper breathing in hot air for they cannot get enough of it, while the open nostril of the negro admits too much very cold air. So it is quite likely that every type of man is tethered by his physique to a very limited environment, and if he is adjusted to cold air, then he must have it or deteriorate in some way, irrespective of the damage known to be due to excessive light if he migrates to a place where he is insufficiently pigmented.

The general principle of placing a sick man in the environment for which his physique is evolved by ages of selection of the fittest, will fully account for the benefit of cold air in pneumonia, tuberculosis, dysentery and the other conditions above mentioned, but the point to enlarge upon is the fact that in practically every disease sweltering heat is lethal and cooled or cold air beneficial to every type of man. We can leave to future investigators the determination of the details of the mechanism which accomplishes these results. What we, as practicing physicians, need note, is the proved fact that cold air was discovered to be good for white consumptives and when tried empirically it did cure. Nearly all the text-books state that tuberculosis needs an outdoor life in an equable climate with the maximum of sunshine, but in the very next paragraph will call attention to the fearful rapidity of the disease in the Philippines where the conditions are "ideal" and the splendid cures in the Adirondacks where everything is "wrong." As a matter of fact, in spite of the text-books, hot equable sunny climates are being

Digitized by Google

instinctively abandoned for cold, variable cloudy ones, even where there are 285 stormy days a year. The climate should approximate the one to which the type is adjusted, a tuberculous Eskimo should be sent to Greenland, a Sicilian to Sicily and a Scotchman to Scotland even if his home country is cloudy 325 days in the year. In the prevention of deteoriation and illness, the modern movement for sleeping outdoors, is based on strictly scientific principles and is neither empiricism nor a fad. If laymen would only stop their foolish habit of overheating their houses, there would be a marked improvement in health. Business men will find fewer clerical errors and get more good work out of employees, if the rooms are kept cool and not at the stifling tropical heat so popular with janitors in mild weather. The cooling of office rooms in summer would be a most profitable business investment.

But we can not send an acute case of any kind on a journey to a proper environment so we must build up one for him. In the winter we rig up rooms on the roof or veranda for the benefit of the cold, but in summer we hold up our hands helplessly and let the sick die instead of creating the cold air they need. We give them cold storage in the morgue after they are dead, instead of keeping them alive by it.

There is no earthly reason for this helplessness, when it is such a simple matter to cool the air of hospitals. The system is in practical operation in other buildings and has been for many years. All that is needed is a "steam-coil" or "radiator" in which cold brine circulates instead of hot water. Instead of "radiating" heat, it is an "absorber," and the air forced around the pipes may be cooled to any required degree. Calculations show that what is described in the trade as "one Kilo-watt ammonia compression set," is sufficient to cool from 95 to 55 F., all the air needed to ventilate a twelve bed ward, and can be installed on a base 10 feet square. The pumps and fans being run by electricity, there is no engine to bother with, and the ammonia which may leak out will not annoy us if the apparatus is in the basement. The air is damp when it leaves the coils but it warms up en route to the room or can be warmed so as to be delivered dry. The coils, of course, drip moisture deposited from the air as it is cooled and cannot be put in the living room. The air should be delivered near the floor, and the escape valves put at the ceiling for the warmed impure air.

The details can be worked out by any engineer or architect who knows how and very short experience will show how to keep the room at any required degree. We can defy the death dealing hot season, particularly in the case of the sick babies now slaughtered by every hot wave. From personal experience of the benefit of the very slight reduction of air temperature by storms in the tropics, I have no doubt that if all tropical hospitals were so equipped the record of cures would be several times what they now are, and the home-going stream of invalids enormously reduced. Panama needs such rooms and so do the Philippines.

There is no reason indeed why we should not go to the same expense in cooling our tropical homes as we do in warming our northern ones. Health would be preserved longer, if not indefinitely, if a northerner residing in the tropics, would have a cool shaded house to go to daily after several hours in the stifling heat. Such a life would not be so very different from the summer of the north, and being in a normal environment, his work and his thoughts would be far better than the neurasthenic out put of old residents who always put off until tomorrow what need not be done today. Instead of four hours' keen mental work being the maximum for efficiency, perhaps clerks in cooled offices could be trusted to be accurate for six or seven hours as they are at home.

Tropical houses are built with the sole idea of obtaining through and through ventilation, no matter what the direction of the wind, as a very slight air movement makes it possible to endure quite a high temperature where a calm is stifling. Yet if we have means of ventilating with cold air, there is no earthly reason why the houses should not be as tightly built as those of the north. For hospitals the air cooling arrangement is imperative. Consumptives, for instance, should leave for the north the moment the disease is discovered, but it frequently happens that a month is unavoidably lost waiting for a boat, and I have personally seen cases die as a result, but they would be saved if placed in air as cold as that found best in the Adirondacks. It is certain that in other affections in the tropics as well as in the dreadful summer diseases of infants at home there would be an enormous reduction of mortality and sickness. I have been informed by a physician who had much experience with sick soldiers in the summer of 1864 and 1865, that if they were stopped off at Washington or Baltimore, it was exceedingly difficult to keep them alive and an effort was made to rush the hospital train on

Digitized by Google

to cool spots of New England. If we have another war the hospitals must be established in the cold north, and those in the south must be mere collecting points unless they are artificially cooled and protected from light.

Needle thrusts are often only slightly painful, and thus it occasionally happens that there is buried in the tissues a fragment of needle, the entrance of which the patient did not appreciate or has quite forgotten.—Amer. Jour. of Surg.

Scores Antivivisection.—King Frederick of Denmark refused to give his patronage to the International Animal Protection and Anti-Vivisecting Congress, which has been in session in Copenhagen, upon the ground that he could not bestow his support upon a body which was opposed to scientific methods of research. Thereupon the members of the cabinet likewise refused to become patrons of the congress.

Plants in the Sick Room.—R. H. M. Dawbarn, in his series of "Short Talks with My Students" (Medical Record), explains the unwisdom of keeping flowers or plants in a sick room at night. Flowers possess three prominent functions in so far as they affect the air about them. First there is transpiration; they give up moisture taken from the soil, wherefore the air becomes humid if many (especially growing) plants are kept in the room. Second there is respiration; plants here act much as do human beings, using up oxygen and throwing off carbonic acid. Third there is photosynthesis, the name given to the action of sunlight upon the stems, leaves and all green parts chiefly; it is the reverse of the result of respiratory activity, as just stated. So long as there is daylight carbon dioxide is taken in and oxygen given off by photosynthesis. Consequently until night-fall functions two and three about balance one another, leaving neither good nor bad results. But during the entire night functions one and two continue their activity, whilst function three is suspended. Function one is not objectionable; but two, without three to balance it, acts (in principle but not in amount) until the return of daylight, just like an additional person breathing in the room, thus leaving a little less oxygen for the use of the invalid. The standing order should therefore be to remove all plants or flowers at night; it is based upon the sound facts of plant psychology.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Hospital Problem.

The discussion of the city's hospitals continues to be the foremost topic of the day. Investigating committees, investigating individuals and newspaper discussion seem to promise a better condition of affairs in the ultimate outcome. The Fortnightly has interested itself in this problem in the aim to be of assistance in bringing our eleemosynary institutions to their highest degree of perfection. The lay press is bringing this discussion to the attention of persons outside of St. Louis, and we feel that readers of the Fortnightly who do not live in St. Louis will bear with us somewhat further.

We have never pretended that an ideal condition exists at the hospitals; it does not and has not, but we maintain that the present condition is vastly an improvement over what has been, and that the medical powers-that-be will work out a successfully effective plan if they have the financial and other co-operation which should be theirs. The lay press of the city has seemed much at sea. Editorials and other mention of the subject vary from day to day, one day being favorable to the present management, the next adverse to it, and on another doubtful which way to express themselves, but the trend seems to be to a higher appreciation of the work which the board and hospital commissioner are trying to do. There is one exception to this; the Post Dispatch has assumed from the outset an attitude of antagonism to the hospital commissioner, the board and everything which concerns the present administration of the hospitals. It is interesting to learn that the writer of the views expressed in the Post Dispatch writes on hearsay evidence, and that it has as yet been impossible to get him to view the situation with his own eyes. He has been invited to make a tour of the city institutions as the guest of the hospital commissioner, invited more than once, but as yet he has not found it

Digitized by Google

convenient to accept the invitation. He has used for the text of a late editorial, the following quotation from an editoral in our issue for May 10th, 1910:

"The city government has in effect said to the local profession: 'Take the public institutions and see what you can do with them.' The wish of the profession, which has been urged for 20 years, has been granted. The success of the new law will be an indication of the character and ability of the St. Louis profession."

We have nothing to retract in that editorial; we believed every word of it then, and we do today, but we expected that the board and hospital commissioner would have the reasonable co-operation of other city officials. It is an easy thing for a physician to outline a line of diet and treatment for a given case, but if the city authorities will not furnish the funds to permit such diet or such attention, failure to have them cannot be laid at the doctor's door. The medical profession in its conduct of the hospitals is doing the best it can with the means at its command. It has taken the reorganization to bring to public attention most urgent needs which would not have been discovered else. No one pretends to believe that ideal conditions obtain at the hospitals, but we are positive that there are bettered conditions.

Some months since there developed information that very deplorable conditions existed at our Industrial School. At the time we urged a thorough investigation of all other eleemosynary institutions that any like future developments might be forestalled. We had in mind at the time conditions as we knew them to be in the city hospitals. In these institutions patients are miserably fed; internes are unpaid, attendants are altogether too few and underpaid, and although the buildings are now of a high degree of newness and elegance, they have not been constructed with an intelligent idea of their every purpose.

At the time of the purposed construction of these buildings, plans were submitted to various medical men for their approval. It appears that many of the suggestions from the profession were simply ignored. We have now an elegant new sanitarium (insane asylum) with windows which cannot be screened, and which are barred with too wide a space between the bars; that makes the following, which is fact, possible:

Patients are pestered with flies;

The windows are closed; They are tortured with heat, the windows are opened.

A patient escapes between the bars of an upper floor and kills herself;

The doctors are blamed;

They call for narrower barring and proper screening; this to cost $8,000.

They are told they can't have it.

To protect the patients who are irresponsible, some have to be strapped to their beds, there being far from enough attendants, and the city cannot afford more.

A woman strangles herself to death with the bands with which she is tied to her bed. The doctors are blamed.

Now who is to blame?

The medical profession in its conduct of the hospitals cannot be expected to do the impossible; it cannot make one nurse do the work of six, nor can it make cornmeal mush and molasses into a delectable repast. As we said a month ago the city has got to furnish more money; better construct fewer boulevards and playgrounds and free baths and free bridges and what-not, and have city institutions of which the city can be proud. If the city will furnish necessary funds to take care of the sick poor, the medical profession will give them hospitals conducted in a way that will make St. Louis famed the country over. The staff, the board and the hospital commissioner are doing able and self-sacrificing work; they are doing it promptly and with as thorough wholeheartedness as they ever devoted to any of their private affairs. It is self-sacrificing because anyone of them could make greater financial return from his own business, and all are finding that adverse criticism is much more ready than is commendation.

All this discussion is bound to bring about better conditions; it is weclomed by the board, by the commissioner, by the staff and by all who are concerned for the general good.

What's the Use.

Male humans have spent all the years of human existence believing themselves the "Lords of Creation" and the masters of destiny for the race. They have granted a like position to the males of inferior vertebrates. The advancement of woman and her claim to equal rights, political, social and religious, has not particularly disturbed man for he has considered his position so secure that he has believed nothing could endanger it; in his fool's paradise he has believed that without him the world would cease to be other than a wilderness, without human habitation, destitute of the guiding and building characteristics which come from

Digitized by Google

the presence of the highest of the mammals. True woman has taught man that she can do very nicely without him in many of the callings which were, but a few years ago, considered distinctly his, but that has not disturbed him, for he could always suggest to her how very essential he is to woman's very existence. His danger comes from another source and, while it may be yet several milleniums before a realization of its fullness, it sounds ominous none the less. Here's the fatal news: It appears that Professor Betaillon of Dijon, France, has been experimenting in creation of life; his results are announced through the columns of the lay press, they are consequently scientifically responsible. His discovery is that he can insert a fine electric needle into the unfertilized egg of the frog, through it throw in a delicate electric shock and, presto, the egg so treated is fertilized and proceeds to develop into a normal tadpole. Of course it does not always work, but that it sometimes works is a very evil omen for male kind. If this is allowed to continue we will presently see the male frogs with no other prospect than that of satisfying the human palate, the electric needle having supplanted them in their greater usefulness. And its but a step from this to the establishment of the same thing in higher forms of life, if allowed to continue it will ultimately reach man and you can see his finish. An electric battery might be much less in the way about the house and more conveniently handled than is a man, it would not interfere with the bringing up of the children, it doesn't smoke and chew and drink and swear and stay out o' nights, and, if its battery is renewed from time to time, it never fails to do its work. Twenty cents for a new dry cell and an occasional new needle and there you are. Prof. Betaillon and his like should be stopped at once.

Municipal Groceries at Wholesale.—The Detroit Municipal League thinks that the local board of health is not showing ordinary business acumen in buying groceries and other supplies at retail when they could be purchased at wholesale at a considerable saving. President Hudson of the League, has written to President Bagley, of the health board, calling attention to the situation, and the latter has promised to have the matter taken up. On the total expenditure of $20,255, during the past fiscal year, a big saving could have been made, the League figures, if the buying had been at wholesale.

WHAT THE MEDICAL EDITORS ARE SAYING.

Prophylaxis in the Industrial World.—An old fallacy in the industrial world and one that dies hard is that men are cheap because the supply is apparently inexhaustible. As a corollary it was believed that the hours of labor need be limited only by actual physical exhaustion; when the human machine was worn out or broke down from an attack of inevitable disease, another was ready to step into the vacant place. The exercise of humane and charitable impulses was thought to be impossible owing to competition. It is beginning to be recognized that better work is done by men who are treated with consideration; the output is larger and the finished product superior. Intelligence is not to be despised in the lowest class of labor, and intelligence is fostered by means looking to the physical welfare of the worker. Such means include not only the scientific regulation of the hours of labor, but the education of the individual in the matters of hygiene, food, temperance, the rearing of his children, the comfort of his home, and the prevention of infectious and other disease.

As entering wedge of the new utilitarian charity, if we may call it so, is to be found in a pamphlet issued by the welfare committee of the American Iron and Steel Institute, of which Mr. Elbert H. Gary is chairman. The pamphlet takes up a question now known to be of fundamental importance in prophylaxis, viz., flies as a cause of disease, and some four hundred thousand copies will be distributed among the employees of the institute. It is written in the simplest possible language and is sure to cause discussion and inquiry of gradually increasing understanding among its audience. The history of the dirty fly necessarily involves consideration of other hygienic matters, fuller details of which will probably be the subject of future similar pamphlets, and thus a widening stream of knowledge will gradually saturate a formerly arid waste of ignorance on questions of fundamental importance. With knowledge will come demands, but these will be founded on common sense and are not likely to be ignored, with the ultimate result of a clean, healthy, and reflective body of workers immeasurably superior in efficiency to the present disorganized horde.

A committee of the intelligence and experience of that which has undertaken this work of instruction is not likely to have underestimated its far reaching consequences. The results to the medical profession should

Digitized by Google

be momentous; to them will fall the duties of teaching; of supervision of individuals and buildings, the latter to include residences, hospitals, and, possibly, places for exercise and amusement; of enforcing provisions for the public health; of personal prophylaxis by specific vaccinations and otherwise. In fact, we venture to foresee from the little pamphlet under discussion the coming universal recognition of the physician at his just value and the allotment to him of his proper share in the conduct of human affairs.

Of the good results industrially we have no doubt either; why should we not imagine strikes anticipated by wise provisions for comfort and welfare? An improved body of workers will seek their amusements elsewhere than in brothels and boozing kens and two of the main drags on efficiency will be cast off. In the words of one of the distinguished members of the committee, they are staggered by the size of the problem before them; but men who have accomplished such magical results in industrial organization will conquer without great difficulty this new problem of getting the maximum of achievement out of the individual. If corporations think slowly they act quickly; it will not be long before the immense corporate intelligence devises efficient means to circumvent and destroy the real rivals of progress—ignorance and disease.—N.Y. Med. Jour., Aug. 12th, 1911.

The Federal Food and Drugs Act.—It is very clear that there is a very urgent demand for the earliest change in the federal Food and Drug Act, since the recent decision by the Supreme Court of the United States in the case of Johnson, the cancer quack of Kansas City, has determined that there is nothing in the present law to prohibit false statements regarding the curative value of medicine, so long as the truth is told about their composition. As stated by some of the press dispatches, this decision means that "medicine that is nothing but sweetened water or pills composed of colored mud may be labeled "cures" and sold as such with impunity under the National Pure Food and Drug Act." Again Justice Bedder of the United States Circuit Court for the Eastern District of New York has decided that the "peroxid cream" manufactured by the A.D. S. patent medicine concern, although it contains so small an amount of peroxid as to be of no value therapeutically, can still retain its name, and is not misbranded; thus giving the sanction of the law to a deliberate attempt to humbug the public. How all the nostrum venders and illegal practitioners will rejoice at such decisions, which enable them to evade the very act which was passed against their determined opposition for the protection of the public health! The composition even is not demanded unless it contains such drugs as alcohol, opium, or the other dozen drugs which the act requires to be recorded. We are sure that no sooner has the public grasped the true meaning of this situation than they will rise in their might and compel their legislators at Washington to pass an act which cannot be misconstrued and will end absolutely all mendacious statements regarding medicines and foods, either as to their ingredients or their curative effects.—Post-Graduate, July, 1911.

Dr. Wiley's Dilemma.—Dr. Wiley's dilemma is of much more than passing interest to the medical profession, for more than any other one person he was responsible for the national Pure Food and Drug Law that almost every one concedes is one of the best and most needed pieces of legislation ever enacted. Dr. Wiley's zeal and activity in the execution of the law has created many antagonisms, unfortunately among men who will stop at nothing to achieve their ends or to wreak their vengeance. Times without number attempts have been made to cause Dr. Wiley's downfall and withdrawal from the public service, but the fact that no charges worthy of official attention have ever been made until now, offers pretty good evidence of the legality of his methods, however radical and extreme they may have been in some instances. At last however, there is great and holy joy in the camps of his enemies and even though his lapse is but technical, the worst possible interpretation is being placed on it. Nothing short of his elimination will satisfy these patriots who see nothing but danger in Dr. Wiley's continuance at the head of the Bureau of Chemistry. We must confess to the liveliest disgust at the, narrow antagonism that can see no good in a man's work and that has no motive but to destroy and disgrace its victim. It is true that we have not been in sympathy with many of Dr. Wiley's views. On the benzoate of soda problem we disagree with him entirely. So with the stand he has taken on many other questions. From time to time we have criticized his rulings and questioned the correctness of his conclusions. But this has not blinded us to the general quality of his work or the sincerity of his motives. A man can be wrong on any proposition and still be as

Digitized by Google

honest as the one who is right. And so even though we have felt that Dr. Wiley was too extreme in his views on certain questions and quite wrong in others, we have never believed that he was anything but an able, conscientious official, who was doing his duty as he saw it. We frankly say, therefore, that we shall regret very much to see Dr. Wiley forced to withdraw from public service on account of a technical error. It has not been shown that his act was secret or hidden, or that he personally profited in the slightest. To the contrary, what was done in providing a remuneration that was essential to secure Dr. Rusby's services was a matter of consultation, and in view of Dr. Rusby's signal ability, the government was the gainer in the whole transaction. We are not commending the affair. There must have been some way around the situation that would have been free from the little subterfuge that was employed. Looked at from any angle it was an error of judgment—but that is all. It is not the first mistake that Dr. Wiley has made. Probably he would be as free to admit this as anyone. But the man who never made a mistake never made anything, and Dr. Wiley's successes far overbalance his mistakes. His knowledge, ability and experience are assuredly needed to carry on the work he has started and it will be a sad and serious matter if he is forced to resign from the Bureau of Chemistry, and for no other reason than too great zeal in behalf of the public. Surely there are few honest men who can wish to see a man's career ended for all time by a technical mistake that is as free from any dishonest motive as Dr. Wiley's error has been shown.—American Medicine, July, 1911.

The history of typhoid several years previously will explain many cases of otherwise obscure localized bone abscess. The perforating cortical ("shirt-stud") abscess is characteristic of typhoid infection.—Amer. Jour. of Surg.

New Hospital for Boston.—The construction of the Peter Bent Brigham Hospital has been begun. This institution will consist of fourteen buildings which will cost $5,000,000 and will be closely associated with the Harvard Medical School. Dr. Herbert B. Howard will be the resident physician, Dr. Harvey W. Cushing of Johns Hopkins Hospital, Baltimore, will be surgeon-in chief, and Dr. Henry A. Christian, dean of the Harvard Medical School, will be physician-in-chief.

THE MONTH'S MAGAZINES

DOCTOR WILEY

With apologies to Rudyard Kipling

(To be sung to the melancholy strains of "Danny Deever.")

"What makes the Potted Ham so green?" said Files-on-Parade.
"It's feelin' fresher than it is," the Color Sergeant said.
"What makes the ranks so white, so white?" said Files-on-Parade.
"They're dreadin' what they've got to eat," the Color Sergeant said.
"For, they're bouncin' Doctor Wiley, you can hear the Microbes cheer,
And the Germs is all a singin' 'Wiley's goin' away from here,
And we're comin' back far stronger than we've been for many a year,
For they're bouncin' Doctor Wiley in the mornin'."

"What makes the canned goods work so 'ard?" said Files-on-Parade.
"They're fixin' for their Jubilee," the Color Sergeant said.
"What's made that front-rank man fall down?" said Files-on-Parade.
"He's eat cold-storage sassidges," the Color Sergeant said.
"They are bouncin' Doctor Wiley, and those sassidges of old
Are swarmin' from their prisons where they've lingered in the cold,
And they've brought their ptomaines with 'em in a manner free and bold,
For they're bouncin' Doctor Wiley in the mornin'."

—Harper's Weekly.

The August St. Nicholas is a sports and outdoors number, with sketches on tennis, baseball, and model aeroplane building and flying, besides new chapters of those wholesome outdoors stories: Ralph Henry Barbour's "Team-mates," Katharine Carleton's "Dorothy the Motor Girl," Frederick Orin Bartlett's "The Forest Castaways," and F. Lovell Coombs's "Young Crusoes of the Sky." E. Willis Scott has much of interest to tell young readers of St. Nicholas about "Fine Points of Tennis," and illustrations from photographs give helpful hints for correct positions and grip, "follow throughs," etc. C. H. Claudy's fifth paper in "The Battle of Baseball" series discusses defense and pitcher and catcher; and the author of "The Boys' Book of Model Aeroplanes" has further fascinating directions on how to build and fly model aeroplanes of 1911, and gives a full description of "the famous Flemming Williams model." There is a jolly story of boating and boyish bravery, "The Cockswain," by Leslie W. Quirk, author of "Baby Elton, Quarter-back." Mr. Quirk is to have a new book of sport this fall, "Freshman Dorn, Pitcher."

Digitized by Google

A Student of Humanity.—Mrs. Carter and her cook were discussing the murder which had harrowed the dusky citizens of the countryside.

"Will dey hang him fer killin' of his wife, Miss Cyarter?"

"We can't tell yet, Aunt Jinny. The court will decide. Of course if they prove he did it on purpose—"

"Done it a purpose! Law Miss Cyarter, in course he kilt his wife a purpose! Honey, ain't I done been married? Don't I know men?"—August Lippincott's.

"Religious Freedom" in Japan.—Fifty years ago there was no such expression as "religious freedom" in the entire range of Nippon literature. Today the phrase has been written into the constitution of the land. Less than fifty years ago, if you wished to have a free fight on the spot, without loss of time, all that you had to do was to call a gentleman a "Yaso"—that is to say, "Jesus." And today? Admiral Uriu, who battered the fine Russian cruiser Variag in the harbor of Chemulpo, is a Christian; and many other officers of the navy and army of Japan of today are proud to be called Yaso. The editors of some of the leading metropolitan dailies are Christians. In 1890, when the Imperial Diet was convened for the first time in the history of Japan, the House of Representatives had a Christian for its president. His Majesty the Emperor of Japan contributes regularly to the funds of the Y.M.C.A. Today no one can irritate a Japanese by calling him Yaso. These are some of the fruits of the missionary work in Japan. Not the fruits, however.—From Adachi Kinnosuke's "Christian Missions in Japan" in the September Century.

Aeroplane Records of the Year.—A year ago the highest altitude attained was about 6000 feet, the greatest speed sixty-seven miles an hour, the longest continuous flight 245 miles in five hours, the longest over-water flight forty-five miles, and three was the largest number of passengers carried. Since then an altitude of 11,476 feet has been reached, a continuous flight of 388 miles, and an over-water flight of 140 miles have been achieved, and as many as thirteen persons have been carried in an aeroplane.

Within the year past the most hazardous trips have been successfully accomplished. Snow-capped mountains, yawning ravines, rivers and lakes and seas and canyoned cities have alike been triumphed over by the intrepid airman. The icy fastnesses of the Alps impeded the progress of such indomitable conquerors as Hannibal and Napoleon. But the daring and lamented Chavez, rising 7000 feet high and battling with wind and storm, soared over them in a flight that will always remain an epic in the chronicles of aviation. The Harz and the Pyrenees have become mere "bunkers" in the sport, over which the areoplanes raced triumphantly just a few weeks ago. Niagara Falls, the Irish Sea, the Gulf of Mexico, Long Island Sound, and the Gulf of Genoa have all been flown over, and airmen have toyed with the surf of the Atlantic and the placid waters of the Pacific. As for the English Channel, that immemorial barrier between England and France—it has been reduced practically to an aerial ferry. How the world applauded two years ago when Bleriot, taking the wings of the morning, cleared the distance between Calais and Dover, and dropped down upon the surprised Britishers. Yet in the past twelve months the channel has been crossed and recrossed, not simply from coast to coast, but from capital to capital—as Pierre Prier flew, going from London to Paris, 250 miles, in a little over three hours, and as did Tom Sopwith, the brilliant young Englishman now in this country who traced an air line from the Isle of Sheppey, to Beaumont, in Belgium, 175 miles, carrying off a prize of $20,000.—From "The Aeroplane—A Year's Marvelous Progress," by William Menkel, in the American Review of Reviews.

Pruritus Ani.—J. W. Miller (Therapeutic Gazette, April 15), has found a combination of one part resorcin, two parts ichthyol, six parts balsam of Peru and fifty parts of castor oil of great value in pruritus ani, used as a routine treatment when no local irritation can account for the condition. This ointment is applied on cotton and introduced by means of a Hanks hard rubber cervical dilator, and left in until the patient has a movement of the bowels, when it comes away of itself.

Solid Food at Least.—An old South Carolina darkey was sent to the hospital of St. Xavier, in Charleston.

One of the gentle, black robed sisters put a thermometer in his mouth to take his temperature. Presently, when the doctor made his rounds, he said:

Well, Nathan, how do you feel?"

"I feels right tol'ble, boss."

"Have you had any nourishment?"

"Yassir."

"What did you have?"

"A lady done gimme a piece of glass ter suck, boss."

Digitized by Google

SOCIETY PROCEEDINGS

AMERICAN PROCTOLOGIC SOCIETY

Thirteenth Annual Meeting, held at Los Angeles, Cal., June 26 and 27, 1911.

Extracts from the Report on Proctologic Literature from March, 1910, to March, 1911.—In Samuel T. Earle's review of proctologic literature from March, 1910, to March, 1911, he quotes from the following authors giving the salient points from each of their papers:

Harrison Cripps, British Medical Journal, Vol. I, 1910, p. 292, endorsing Mummery's criticism of Whitehead's operation for hemorrhoids.

Dr. F. C. Wallis, British Medical Journal, Vol. I, 1910, p. 415, in defense of Whitehead's operation.

Dr. Donald C. Balfour, Rochester, Minn., Annals of Surgery, Vol. LI, 1910, p. 239, gives Dr. W. J. Mayo's method of anastomosis between the sigmoid and rectum.

Dr. Charles H. Peck, New York City, Annals of Surgery, 1910, Vol. LI, p. 242, describes a method of excising the rectum for cancer by the perineal route.

Dr. Norman Porritt, London Lancet, 1910, Vol. I, page 360, describes a simple and efficient operation for hemorrhoids.

Dr. J. P. Lockhart Mummery, London Lancet, 1910, Vol. I, p. 641, describes a new operation for prolapse of the rectum.

Mr. Heaton C. Howard, London Lancet, 1910, Vol. I, p. 240, showed a case of stricture of the rectum treated by injection of fibrolysin, which were given three times a week.

Dr. Walton Martin, Annals of Surgery, 1910, Vol. LI, p. 125, reported a case of anastomosis between the sigmoid and rectum by invagination.

Dr. Joseph A. Blake, Annals of Surgery, 1910, Vol. LI, p. 261, gives an unusual method of anastomosis in cases of carcinoma of the rectum.

Extracts from a statistical report of 120 cases of removal of the rectum for cancer by Dr. William J. Mayo, Annals of Surgery, 1910, Vol. LI, p. 895.

Dr. W. Sampson Handley in his second Hunterian lecture gives some very interesting and instructive suggestions about the extension of cancer of the rectum by the lymphatic system, British Medical Journal, 1910, Vol. I, p. 927.

A series of instructive papers on excision of the rectum for carcinoma can be found in the British Medical Journal, 1910, Vol. I, by the following writers:

Charles A. Morton, page 1378, Harrison Cripps, page 1323, F. Swinford Edwards, page 967, W. Bruce Clarke, page 1023, P. Lockhart Mummery, page 1144, W. Ernest Miles, page 1203.

James Swain, British Medical Journal, 1910, Vol. I, p. 361, advocates very strongly the removal of all lymph glands in cancer of the rectum.

Dr. E. K. Scott, Boise, Idaho, Northwest Medicine, Vol. II, No. 3, p. 85, a plea for more thorough examinations of the rectum for carcinoma by the general practitioner.

Dr. C. L. Gibson, Annals of Surgery, 1910, Vol. LI, p. 116, gives a special method for end-to-end intestinal anastomosis by the invagination method, in cases where other methods would be impracticable. Sigmoid replaced by small intestine. Reichel, Verhand. d. Deutsch. Gsell. f. Chir., April, 1910.

Dr. Wilson, Annals of Surgery, February, 1911, p. 223, speaks of the association of diverticuli and carcinoma in the lower bowel.

DeWitt Stetten, Festschrift of the German Hospital, New York, 1909, published two most interesting observations on the co-existence of tuberculous ulcers and carcinoma of the large intestine.

Dr. Wyllys Andrews, Surgery, Gynecology and Obstetrics, January, 1911, p. 63, gives an interesting account of a new form of industrial accident-pneumatic rupture of the intestine.

Bard, Semaine Medicale, November 30, 1910, Vol. XXX, No. 48, p. 565, recounts a case showing this rather unusual type of Hirschsprung's disease—idiopathic dilatation of the rectum.

Treatment of painful Fissures and Piles by High Frequency Currents, A. Teirlinck, Gand, Belgium. The Proctologist, December, 1910.

The following article by Dr. A. Teirlinck, of Gand, Belgium, was read by title:

How Can an Infected Sigmoid Diverticulum be the Cause of a Retro-Peritoneal Abscess.—In the present state of abdominal surgery the appendix is frequently regarded as the chief cause of all abdominal troubles. Recently numerous works have been published concerning sigmoiditis and peri-sigmoiditis. Diverticular abscesses are not as frequent as appendicular abscesses. It should be borne in mind that the sigmoid is often located in the right iliac fossa and diverticular abscesses may be mistaken for appendicular trouble. In the young the sigmoid flexure is free and communicates with the retro-mesenteric and pre-aortic cellular tissues by the tissue of the meso-

Digitized by Google

colon. Infection can be transmitted from the diverticula into the retro-peritoneal cellular tissue by three means—the connective tissue, the lymphatic system, and the venous blood-vessels. In the adults the sigmoid is adherent to the posterior abdominal wall and in such cases there is another source of infection—an external one; due to the numerous anastomoses between the meso-colic glands and the parietal lymphatic system and between the sigmoid blood-supply and that of the retro-peritoneal region.

Some Observations upon the Surgical Anatomy and Mechanism of the Colon.—(By Granville S. Hanes, M. D., of Louisville, Ky.)—Until comparatively recent years diseases of the colon and sigmoid, and the surgical anatomy of each, received but scant attention. Recently, however, much valuable information upon this subject has been developed. Robert Coleman Kemp in his work on Diseases of the Stomach and Intestines says that Dr. J. M. Mathews was the first to call attention to sigmoiditis and diverticulitis of the sigmoid.

The entire length of the large bowel in situ is found to be much shorter than when it is dissected from its attachments. An ordinary thirty-inch colon tube has sufficient length to extend around the lumen of the large bowel to the cecum. While this has not been done in the living individual it has been done in the cadaver, and radiographs of the same are on record.

It is almost universally believed that ordinary flexible colon tubes can be manipulated in such a way as to traverse the entire course of the large bowel around to the cecum. It has been proven by a number of investigators that such an achievement is impossible in the normal bowel. The average length of the sigmoid is about eighteen inches, and this being a floating portion of the large gut it is almost impossible for an instrumnet to pass beyond the middle half of the sigmoid. Should such be possible and the tube enter the descending colon it would be a physical impossibility for it to pass either the acute angle at the splenic flexure or the hepatic flexure. The failure of instruments to pass high into the bowel has been demonstrated by X-ray pictures.

Dr. Hanes demonstrated the difficulty in passing any instrument through the hepatic and splenic flexures by introducing a thirty-inch, No. 20, French, soft rubber, catheter into the caput coli in an old appendicostomy case. He failed by any kind of manipulation to pass the catheter through these flexures. The tube was allowed to remain in the head of the colon for twenty-four hours with the hope that peristalsis would carry it around, but this failed. After manipulating the second time three hours later four inches of the catheter appeared through the anal opening.

He forced bismuth solution into the head of the colon till the wall of the gut was thoroughly distended and then Dr. E. Bruce made a skiagraph. No regurgitation into the ileum occurred. This experiment was repeated a number of times with the results as above given. If the ileocecal valve allows no reflow into the ileum then exceedingly large amounts of water injected into the bowel are retained in the large gut, and not a part of the amount passed into the small bowel as is supposed by some.

In an old appendicostomy case, with the patient on the left side, coal-oil was poured into a colon tube that had been introduced three inches into the rectum. In six and a half minutes the oil was flowing out of the appendicostomy opening. The amount employed was thirty ounces. This clearly demonstrates that liquids will easily pass around the entire colon without flowing through a tube. The point is also made that coal-oil is much less irritating to the mucosa than plain water or ordinary aqueous solutions.

The capacity of the large bowel in situ was measured by temporarily closing the opening of an appendicostomy case and allowing coal-oil to flow into the rectum as long as the patient could tolerate it. At a later date the same experiment was made by allowing oil to flow into the head of the colon. About the same amount of oil was received in each case. After making the same experiments in other cases it was decided that the average large bowel had a capacity, varying between fifty and sixty-four ounces.

The capacity of the rectum was ascertained by inverting the patient and placing a colpeurynter at the junction of the sigmoid and rectum, just within the sigmoid. The colpeurynter was then distended with air until no fluid could pass into the sigmoid. Coal-oil was allowed to flow into the rectum till no more could be received. It was then drawn off with a catheter and the average amount was found to be between fourteen and seventeen ounces.

He insists that the inverted position (Hanes) is much to be preferred by both patient and operator when any kind of illuminating instruments are to be employed in the rectum or sigmoid.

Digitized by Google

Have We an Ideal Operation for Internal Hemorrhoids—A New Hemorrhoidal Clamp.—(By A. B. Cooke, M. D., of Nashville, Tennessee.)—An ideal operation for internal hemorrhoids must embody the five following surgical principles and precepts:

1. Complete hemostasis.
2. Immediate closure of the operative wounds.
3. Preservation of the function of the parts.
4. Permanency of cure.
5. Due consideration of the factors of safety, simplicity of technic, time required for recovery, and the amount of post-operative discomfort.

The ligature operation violates principle 2.

The clamp and cautery operation falls short with reference to the fourth class of principles in each of its several points.

The Whitehead operation violates principles 1, 3 and 5, and is, moreover, an unnecessary and unjustifiable procedure.

The operation by means of Earl's clamp is a modification of the Whitehead method and a vast improvement upon it, but is apt, likewise, to violate principle 3.

Pennington's enucleation operation is open to criticism under classes 1 and 5 of the surgical principles. In spite of its ingeniousness, it is dangerous.

The clamp and suture operation described by the author fulfills all conditions and is entitled to be considered the most nearly ideal of any yet devised.

A new hemorrhoidal clamp designed to facilitate the last named operation was presented and strongly recommended.

A symposium on constipation embracing seven different parts of subject was presented as follows:

Etiology of Constipation.—(By Horace Heath, M.D., of Denver, Col.)—Dr. Heath mentioned two groups—miscellaneous and mechanical. Under miscellaneous, the author regarded heredity as unimportant, but attention was called to the faulty instruction of children in certain families. He stated that the constipation of infancy was due to undeveloped muscles; and of old age, to inactivity and atonicity.

Under mechanical causes he considered—diet, sedentary life, abnormal positions angulations coloptosis, and hypertrophy of the rectal valves.

The predisposing diseases mentioned were colitis, stricture, proctitis, fissure, hemorrhoids, fistula, polypi, enlarged prostate, and malignant growths.

[To be continued.]

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Pellagra in Kentucky.—Following the discovery of seventeen cases of pellagra in the Eastern Kentucky Insane Asylum, upwards of one hundred cases have been found in Bell and Whitely counties. The State Board of Health called a meeting, which was held on August 9, to which experts from the government and the Rockefeller Institute were invited.

New Library for the New York Academy of Medicine.—Members of the New York Academy of Medicine are still securing subscriptions for their new library building for which they have purchased lots adjacent to the building now owned at a cost of $220,000. Owing to its large increase of membership since the opening of the present building twenty odd years ago, and the annually increasing number of books and periodicals, the present quarters were found

Digitized by Google

inadequate, and a campaign started for raising funds for a new library which would prove suitable for the needs of the Academy for many years to come. Though a large amount has already been contributed, principally by doctors or families of physicians, many thousands are yet needed. As physicians from all parts of the State have access to these volumes when in New York, and as the good accuring is to the public, there seems no reason why contributions should be limited to the profession of New York City.

Cool Vaginal Douches.—For acute pelvic inflammation, in addition to rest in bed and the abdominal ice-bag, Goth (quoted in Progressive Medicine) is accustomed to use per vaginam 20 liters of water at 10 deg. or 11 deg. C. twice daily when the abdominal wall is very fat, or when exudate can be felt near the vault of the vagina. When pain and tenderness have disappeared and the temperature is normal, in order to aid absorption he changes to hot applications and douches and tampons saturated with 10 per cent ichthyol-glycerin or 20 per cent protargol-glycerin. Alexandron (ibid.) has employed cold vaginal irrigations (one-half hour, gradually reducing from 25 deg. to 10 deg. C.) in certain cases of atony of the uterus or the uterine ligaments, to produce contraction of the pelvic structures. He also recommends cold irrigations in cases of subinvolution and for the control of menorrhagia.

How Best to Measure for Shortening of the Femur.—The way regularly taught is a mistake, says Dawbarn—measuring, that is, from ant.-sup. spine of ilium to one or other malleolus tip; a mistake because we should never measure over a needless distance. In this case we add to the problem (and without being obliged so to do) the possible difference in the length of the two limbs below the knees. There are three better methods: (1) Measure from the anterior-superior iliac spine to the adductor magnus tubercle. This is good so far as it goes; it does not, however, measure the entire length of the femur. (2) Measure from the anterior-superior iliac spine to the lowermost point or apex of the patella—drawn up firmly for this purpose. (The level of the knee-joint is the apex of the patella.) (3) The writer's method. Place the patient flat on his back upon any firm surface. Flex both thighs, placed side by side, to a right angle with the body; that is, they are now vertical. The legs, in turn, are flexed to a right angle with the thighs; that is, they are now horizontal. The difference in height of the two patellae will now indicate the exact degree of shortening, if any, of the femur under examination.—Am. Med.

Dangers of Dust.—A warning against the dangers of dust was issued in a statement made today by the National Association for the Study and Prevention of Tuberculosis, in which it is shown that the percentage of deaths caused by tuberculosis in dusty trades is more than double that for all employed men in the registration area of the United States. As a result of the dangers from consumption to those exposed to various forms of dust, and at the request of the National Association, the United States Government has recently appointed a commission to work in co-operation with state authorities in making an investigation into the conditions of the metal mining industries in the United States, with special reference to diseases of the lungs. The work of the commission engaged in this special task will follow lines somewhat similar to those worked out by the Royal Commission of Australia, whose report was recently received in this country. "Dusts are of three kinds," says the National Association: "factory, street, and house dusts." The statement refers to the results obtained through investigations made for the Bureau of Labor, by Frederick L. Hoffman. While among males generally in the registration area of the United States 14.5 per cent of all deaths are from consumption, the mortality among grinders from this disease is 49.2 per cent and in hardly any of the dusty trades is it below 25 per cent. The percentage of deaths from tuberculosis among all those exposed to metalic dust is 36.9 per cent; to mineral dust, 28.6 per cent; to vegetable fibre dust, 28.8 per cent; to mixed animal and other forms of dust, 32.1 per cent; to street dust, 25.5 per cent and to organic or dust coming from the articles being manufactured, 23 per cent The statement speaks also of the dangers from house dust, especially in rooms that are not well ventilated. The Association warns against dry sweeping, and against the use of the feather duster, or other devices that scatter, but do not take up the dust. Since the ordinary dust blown about in the streets is impregnated with disease germs, the National Association urges the adoption of methods that will prevent the further dissemination of such bacilli. It also urges for the coming months of fall and winter, more open windows and more fresh air in house, shop and schoolroom.

Bufagin.—While investigating the con-

Digitized by Google

vulsive action of certain organic dyestuffs J. J. Abel and D. I. Macht, Baltimore (Jour. A.M.A., May 27), had occasion to try their effect on the giant tropical toad (Bufo auga) and they were struck by the action of the milky secretion exuded from its parotid glands when irritated, it causing a bluish-green discoloration on a steel surface. This led them to test some of the diluted secretion with ferric chlorid, which was found to develop the characteristic pyrocatechin reaction given by epinephrin. It was not difficult to demonstrate that they were dealing with a substance identical or closely allied to the suprarenal principle. They notice the statements which have been made regarding the poison of toads, which is said to be used as an arrow poison by some South American Indians. They describe experiments made with the crude poison which gives the characteristic effects of epinephrin, and also with another body contained, which shows the effects of the digitalis type. A little of the emulsified secretion, well diluted with 0.8 per cent solution of sodium chlorid, instilled into the conjunctival tract of the dog or cat, quickly causes an extreme constriction of the blood-vessels. When, however, the digitalis-like body is applied to the eye in the form of a solution of the pure crystals it causes at first a momentary constriction of the smaller conjunctival vessels, soon followed by a marked dilatation. No dilatation of the vessels of the eye is observed when very dilute solutions of the crude poison are used, as then the action of the epinephrin preponderates. A little of the emulsion injected into the abdominal lymph sac of a pithed frog quickly caused slowing of the heart and finally stoppage in systole. Given by the mouth to a cat, the dried venom seemed to have very little effect, but injected intravenously into a large cat, an amount of less than 0.02 gm. of the crude dried venom caused a tremendous rise of blood-pressure, followed immediately by a sudden fall, due to complete standstill of the heart. A large quantity of the crude venom given to a dog quickly caused severe vomiting, followed by general depression, which had disappeared the next morning. This vomiting could be accounted for by the amount of epinephrin contained in the dose given. The methods of isolating the epinephrin-like substance from the venom are given. These agree with the theoretical requirements for the accepted formula and prove the identity of the epinephrin like substance with that of the suprarpenal glands of the higher animals. Its physiologic activity is fully equal to the purest specimens of epinephrin hitherto isolated. The epinephrin contained in the crude venom was found to be nearly 7 per cent. The main constituent of the arrow poison, however, the epinephrin being an adjuvant only in this respect, is the digitalis like substance for which the authors have proposed the name bufagin, as a short term sufficiently indicative of its origin. The method of obtaining it is described briefly, but will be given more completely later in the Journal of Pharmacology and Experimental Therapeutics. The substance is but little soluble in water, but can be obtained in whetstone shaped crystals and prisms from an alcoholic solution. It consists only of the elements, carbon, hydrogen and oxygen, with no nitrogen. It is easily soluble in chloroform and acetone, fairly so in absolute alcohol, and its melting point is 108 C. It is a neutral compound, insoluble in alkalies or acids, and in this respect resembles the bufonin isolated by Faust from the skin of the common toad. The authors, from their chemical studies, surmise that it is a depolymerized oxycholesterin. From its marked action on the heart, its vasoconstrictor action and its powerfully stimulating action on the cardio-inhibitory center (an action completely annulled by section of the vagi and by atropin) compel them to class the drug with the most effective members of the digitalis series. The amount of bufagin in the secretion is estimated by the authors as not far from 36 per cent. A bibliography of twenty-nine titles is appended to the article. The authors propose to continue their clinical and pharmacological studies with the drug, and a more detailed comparison with other members of the digitalis group will be given in a future publication.

Acute Hepatitis.—

Potassi citratis 3iv
Tinct. aconiti .....*m* xii
Liq. ammonii acetatis fl,3x
Syr. Limonis .....ad fl.3iii

M. Sig.: Teaspoonful every two hours.

Hydrargyri chloridi mitis ...grn. i
Sodii bicarbonatis .....grn. xv
Sacchari lactis .....grn. xx

Div. in pulv. No. vi.

M. Sig.: One every hour following the last two hours with a seidlitz powder.

The old treatment of fracture of the neck of the femur by Buck's extension is as bad as it is archaic. In all but very old and very feeble subjects reduction and fixation in plaster by Whitman's method is the treatment of choice.—Amer. Jour. of Surg.

Digitized by Google

Cod Liver Oil Problems in Summer

need not be problems at all if the right preparation of Cod Liver Oil is chosen. It is true that preparations nauseous in winter are doubly so in hot weather, but if your choice has been

no difficulty of digestion, no intolerance will result. Hagee's Cordial of the extract of Cod Liver Oil Compound is just as potent a tissue maker just as reliable and efficient a reconstructive as the plain oil, and with the added advantage that it is extremely palatable. Efficiency and palatability have put this product at the top of its class

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. *Dispensed by all druggists.*

Katharmon Chemical Co., St. Louis, Mo.

KATHARMON THE UNRIVALLED REDUCER OF MUCOUS MEMBRANE INFLAMMATIONS In Gastro-Enteritis KATHARMON will be found to be a most potent Remedy. Inhibits Germ Growth – Overcomes Fermentation. KATHARMON represents in combination Hydrastis Canadensis, Thymus Vulgaris, Mentha Arvensis, Phytolacca Decandra, Ice Grains, Acid Boracic 20 grains, Sodium Sulphite 10 grains to each Fluid ounce of Pure Distilled Extract of Witch Hazel KATHARMON CHEMICAL COMPANY ST. LOUIS, MO.

No physician can afford to be indifferent regarding the accurate filling of his prescriptions.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets **ST. LOUIS, MISSOURI**

Digitized by Google

SOCIETY MEETINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY AT OMAHA.

On September 7 and 8 this association will hold its annual meeting in Omaha. This society has often held its semi-annual spring meetings in Omaha, but this is the first annual fall meeting ever held in this city. At the last annual meeting in Council Bluffs, an attempt was made to take the annual meeting away from Council Bluffs, and make it migratory. Some of the members felt that other cities within the province should enjoy the privilege of entertaining the society at its annual session. A compromise was effected, however, by an amendment to the by-laws, providing that the annual meetings should be held alternately in Council Bluffs and Omaha.

The preliminary program is as follows;

Oration in Surgery, "The Origin of Treatment in Graves' Disease," (Illustrated by Stereopticon) Dr. Geo. W. Crile.

Oration in Medicine, "Neurology and Sociology," Dr. L. Harrison Mettler.

"The Influence of the Medical Examination of Prostitutes on the Spread of Venereal Diseases," Dr. Thos. M. Paul.

"Some Forms of Toxemia in the Pregnant, and their Effects on Mother and Child," Dr. Mary Strong.

"Puerperal Septicemia," Dr. L. W. Littig.

"Great Men in Medicine," Dr. J. Herbert Darey.

"On the Nature and Causes of Morbid Anxiety," Dr. G. A. Young.

"Cervical Gland Infections of Tonsillar Origin," Dr. Jas. M. Patton.

"Hyperacidity a Symptom," Dr. J. M. Bell.

"The Retraining of the Human Animal for the Restoration of Health," Dr. Henry S. Munro.

"Open Conservative Perineal Prostatectomy," Dr. J. T. Axtell.

"Prognostic Interpretation of the Differential Leucocyte Count," Dr. Geo. Howard Hoxie.

Papers by Drs. Orville Harry Brown, Robert H. Goodier, P. I. Leonard, C. T. Witherspoon E. G. Mark and others have been promised.

The arrangements are in charge of a committee appointed by Dr. LeRoy Crummer, president of the Omaha-Douglas County Medical Society, composed of Drs. L. L. Bushman, R. W. Bliss and H. B. Lemere.

The headquarters and meeting-place will be the Rome Hotel, where reservations for rooms should be made at once.

The profession of nearby states cordially invited to attend and take part in the discussions. Our work is strictly scientific. Bear in mind we waste no time in petty bickering over matters of ethics, and our progress is not impeded by society politics. Come and enjoy two days with your brethren, in the interest of progressive medicine.

Chas. Wood Fassett, Secretary.

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Great preparations are being made for the sixth annual meeting of the Medical Association of the Southwest, which will meet in Oklahoma City, Okla., October 10, 11 and 12, 1911. The association will have present as its invited guests, Dr. A. R. Edwards, of Chicago, Ill., who will deliver the Oration on Internal Medicine, and an officer from the Public Health and Marine Hospital will be specially detailed to attend this meeting to present a paper on some topic of public interest. The secretary has made application for reduced rates on all railroads and the profession of Oklahoma City are planning great things for the members attending; and these things with an unusually strong program should attract a larger attendance than any former meeting.

Illinois and Iowa Physicians Meet.—The annual meeting of the Illinois and Iowa Central District Medical Society was held at Davenport, Iowa, July 13, jointly with the Scott County Medical Society, and the following officers were elected: President, Dr. George E. Decker, Davenport; vice-president, Dr. Wilton W. Adams, Atkinson, Ill.; secretary, Dr. Lawrence W. Littig, Davenport, and treasurer, Dr. Frank H. First, Rock Island, Ill.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX ST. LOUIS, MONDAY, SEPTEMBER 11, 1911. No. 5

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

EMERGENCY SURGERY.*

G. WILEY BROOME, M. D.

ST. LOUIS.

FIRST SECTION OF PAPER—MEDICAL EDUCATION AND HOSPITALS.

To attempt to even enumerate the cases that come within the scope of what is ordinarily considered the emergency class is wholly out of my present range, nor is it my purpose to feature the practical end of the subject in this section of my paper. It is quite useless for me to call attention to the fact that emergency surgery has been and always will be the most intensely important of any in the whole field of surgical endeavor. This is a fact, I dare say, beyond dispute. When called upon to care for an emergency surgical case there is no time left for reference to text-books and study. The surgeon must be prepared to do the best for the patient without time to further qualify himself for the occasion. There should be no lack of manual dexterity or celerity, puttering and hesitation due to insufficient self-confidence and fear of supposed danger or the equally horrible condition of over-confidence, the result of limited or no practical training or past opportunity for deliberate and instructive observation, should be things that have been completely overcome and put aside, by diligent and intelligent study, together with special training in the clinic. This brings me to speak of the local situation in regard to the hospital facilities in St. Louis as they now exist in relation to the opportunities of the medical student body, for indeed it is in the hospital and in the surgical clinic alone where useful knowledge is gathered by the student in surgery. He can never hope to become qualified to perform emergency surgical work by merely listening to didactic lectures alone and in the absence of objective instruction. What are his chances here St. Louis to become a good surgeon and qualified in this way with all necessary training to enable him to administer with promptness and skill to any emergency case called upon to treat? It must be borne in mind that all or at least four-fifths of the accidents occurring in St. Louis are taken in hand by the police department and forwarded at once to the City Hospital where treatment is instituted, conducted throughout, and hence the medical student body in the city is wholly deprived of the benefits that would otherwise accrue to them, so that here is a condition confronting us at the outset, which will necessarily and as long as it exists place St. Louis at the bottom of the catalog of the so-called medical centers of the United States.

The awful truth, therefore, is that in this position St. Louis can never even hope to become one of the selected medical centers, and for the simple reason, if for no other, that its medical students are not given free access to the public hospitals, and are thereby compelled to finish their medical education without the necessary clinical training or knowledge essential to fit them for the responsibility in emergency surgical work.

Recently there has been much alluring optimism indulged in especially in an address by the chancellor of one of the city's universities in regard to what the future promises the medical student in St. Louis. But with the fullest realization of all that is conjectured, the two-fold difficulty still remains that that particular university cannot or does not open the doors of the City Hospital, nor can it ever hope to have entire charge of medical education in St. Louis, for there will likely always, be some student who may want to study

*Prepared for the Surgical Section, St. Louis Medical Society, meeting June 3d, 1911.

Digitized by Google

elsewhere, or in some other medical school in the city.

In regard to the subject of clinical instruction, with reference to the relations sustained by medical colleges to public institutions in other cities, let us for a moment glance over the field, and see how we stand in the race for position among the great centers of medical education, as a medical center. I invite attention to this subject of comparison more especially for the reason that the chancellor of this great university expresses the hope and belief that St. Louis will soon take a position near to the top of the list of great American centers of medical training. The following are the words constituting the opening paragraph of his address:

"A plan has been perfected which will make St. Louis one of the two or three great centers for medical service and medical education in the United States." Now let us make the comparison suggested above and learn if possible how other centers became great and maintained their greatness, and at the same time compare our standing and prospects with their past and present. Perhaps we may be able to more definitely determine just how near the top we do now stand or may hope to stand. I must before going further bring to your mind the fact that no city ever attained any special distinction in medical educational matters without the free use of its public hospitals, in which is constructed a large and well-appointed clinical amphitheater. Indeed it is the hospital atmosphere that acts as a constant inspiration to the young medical student. Of course it must not be inferred that bedside studies and hospital clinical instruction are alone sufficient to fit a young man to practice surgery, but you may understand me to say that the free accessibility to bedside studies and almost daily surgical clinics are absolutely indispensable to the proper equipment of the medical student for his future work, and in this connection, I wish to say that I endorse fully the address delivered before the Council on Medical Education on the subject of How to Produce a Good Physician or Practitioner, by Dr. E. P. Lyon of St. Louis.

It was in the clinical amphitheater, at Rush Medical College, Chicago, that the late Dr. N. Senn organized a surgical clinic that in a little while gave to Rush Medical College its great distinction among medical schools of the country. Soon Senn's name and fame became known all over the world and the popularity of the school as an institution of learning grew steadily until its halls were constantly packed with students, and too, it was not an unusual sight to see as many as one hundred physicians, some of whom already enjoyed national reputations, sitting under his eloquent voice and witnessing his marvelous surgical work. Here the students of Rush as well as of Cook County Hospital were able to see and witness the treatment of every variety of accident cases, and almost daily. Medical students and medical practitioners still have the freedom of these great hospitals. There is perhaps no richer clinic in emergency work than that conducted by Edw. Ochsner, and no member of the profession, so far as I know, has done more in this line of surgery than Dr. Ochsner. In my judgment, his chapter on the treatment of compound fractures is the best that has been written. Incidentally, I wish to say, for the benefit of those who are not perhaps acquainted with the fact, that Dr. Ochsner served for five years as the first assistant to Dr. Senn in his clinic at Rush and under the guidance and inspiration of that master-surgeon, his training of course was of the very best. It was in the same note in which Dr. Senn replied to my inquiry as to the actual period of time Ochsner remained his assistant that the startling announcement came to me that Senn had given up his clinics at Rush. Of all strange things that come to one now and again in one's lifetime, this to me seemed the most inexplicable of all, the thought that Senn was never to be seen again in the clinical arena, seemed too preposterous to justify the slightest credence. But alas, it was all too true for at the end of a few short weeks, the splendid activities of the great master-mind of American surgery were stilled in death for the word soon came "Senn is dead."

The hospital connections of the medical schools of Chicago, it may be definitely concluded, make that city one of the leading medical centers of America. Cincinnati has its general hospital inmates placed at the disposal of its medical colleges, and Cincinnati as a medical center has enjoyed that reputation for over half a century. Among other distinguished American surgeons the late S. D. Gross taught in its medical schools at one time.

Minnesota appreciating the great necessity for hospital work in order to properly fit its medical students for practical work, passed a law recently which in effect requires every medical man before being permitted to practice his profession, to serve one full year, that is, the fifth year, of his medical course in one of the hospitals of

Digitized by Google

that state. This plan will at no distant day place that state high up in the list of medical centers. Then too, Buffalo has the advantages to its medical students of the free use of the excellent clinical material afforded by the Buffalo General Hospital. We here in St. Louis have long since ceased to wonder why so many students gather annually in the East and the profession generally, especially its members not connected with medical schools, rarely hesitates when it comes to giving advice as to the best seats of learning, and as a result, the most promising young men may be found in medical schools not located in St. Louis. You may draw your own inferences as to why this is the case. Harvard Medical school enjoys all of the benefits that the Massachusetts General Hospital, and it seems useless to call your attention to conditions as they exist favoring the medical student at New York, Baltimore and Philadelphia, for these great medical centers are all blessed with the highest order of hospital facilities for thorough objective instruction. Even New Orleans, not half so large as St. Louis, nor nearly so pretentious in various ways, has its Charity Hospital where the medical students of Tulane University spend practically half their time, no richer material is furnished by any hospital in the United States for medical and surgical instruction than the Charity Hopsital of New Orleans. Quite the same may be said of Cleveland and its medical school with its Lakeside Hospital.

So that after reviewing the foregoing list of ten medical centers of the United States, I am unable to find a place, now, or in the early future, above anyone of these in the list of medical centers, for our City of St. Louis. And too, after according much serious thought to the really earnest optimism mentioned at the beginning of this paper.

The plans outlined by the chancellor of the university referred to, even if carried out, to perfect completion, cannot meet the requirements of the case. The institution under the control of the chancellor will never become an eleemosynary corporation and a refuge for the eleemosynary poor, a class of patients that afford the only satisfactory, useful, clinical material and the kind of material that is indispensably necessary, by its proper utilization, for the purpose of equipping the medical student for the actual practice of his chosen profession; our city cannot hope to enjoy anything resembling the prestige of a medical center while the present state of affairs is allowed to exist. For it is evident to my mind that the plans of the chancellor mentioned cannot fulfill the necessary requirements. Indeed the truth of the matter is, in regard to its clinical facilities, St. Louis took a position further behind all of its competitors when the old City Hospital with its clinical amphitheatre was demolished by the cyclone nearly twenty years ago.

I have spoken plainly in regard to this matter, but am perhaps justified for the reason that it is time for the profession of St. Louis to bring what influence it can for the betterment of the situation. I have not intentionally meant to criticize any one, and I hope I have not shown inexcusable pessimism. I wish to have it understood I remain loyal to St. Louis and her institutions and only am grieved, if it so seems, that we are not the front and foremost of all, I now ask you to pardon the hurried and desultory manner in which these thoughts have been put together. In the next part of this paper, I shall discuss the practical side of the subject of emergency surgery for indeed, there is much that should be more generally known among those not given the opportunity for study concerning the subject, and also much to be eliminated from the old routine, especially in the treatment of compound fractures. In connection with the discussion, it is my purpose to illustrate by means of stereoptican views, the results of the treatment of many emergency cases.

Don't abandon a case of sarcoma as incurable without a thorough trial of Coley's fluid. The results are sometimes remarkable.—Amer. Jour. of Surg.

Recent Cholera News.—The official report of the Italian Government shows that from August 8 to 12 there were 1,736 cases of cholera and 632 deaths in Italy. Since the last of July there have been 40 cases in Rome while during the previous six months there were only 13 cases. A dispatch from the Paris Midi states that there have been 37 cases of cholera at Marseilles and 20 deaths and that 60 soldiers at the Marseilles garrison are held in the hospital as suspected cholera patients. The report comes from Canada that 37 cholera suspects and 283 smallpox suspects are being held at the Dominion Government quarantine station at Grosse Isle. The Re d'Italia from Naples and Palermo, which arrived in New York harbor on August 19, reported that three deaths of children from cholera had occurred during the voyage and two passengers were suspected of having the disease.

Digitized by Google

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER IX.

Time was and still is when people, not always of the ignorant class, thought the doctor was not doing his duty, if he did not give them medicine, when they were ill. Oral advice, endorsed by high medical authority, proved efficacious by experience, as to diet, manner of living, temperance in eating, drinking and sensual gratification, are as naught to such people, unless accompanied by generous quantities of "something to take."

Hence our forbears, realizing that it was politic to yield to popular demands, invented their brown-bread pills, and similar harmless therapeutic nonenties, which they called a placebo, an I will please, a phrase which might well become a legend of the armorial bearings of medicine, for the physician who succeeds must strive to please when he can do so conscientiously without sacrificing honor or good faith.

On the other hand, it is a legend which has been caught hold upon. and held up as a reproach to medicine, as a proof that the physician is deceitful and does not act well his part, but of this more anon.

An average idea of a doctor, not always kindly expressed, is, that he is one who gives drugs, about which he knows little, to people who know less, who, with more or less implicit faith, hope they will be cured or at least benefited thereby.

But such faith should be a good and sufficient reason why such people should follow advice as well as more material treatment.

The exhibition of active medication is evidently the basic element of the healing art but if a passive inert drug or similtude of a drug has an actual active effect be it mental only, it is evidently essential that it be given. And we find that the efficacy of the placebo varies with the individual opinion, state, and craving of the patient.

Some must have pills, and they may be particular as to size; the one demanding the largest boluses, the other the minutest pellet. Tablet triturates please the fancy of others, while some aver they can't swallow a pill or tablet, but do swallow—with avidity—large quantities of fluid, alcoholic or otherwise.

This applies as well to actual medicaments as to inert things to please patient and take up his attention. Hence the word placebo assumes a new meaning, that the physician must consider the whims of his patients as to form as well as character of medication.

For we find that aside from a desire to be cured, which they firmly believe will be effected only by active medication, many of these whimsical patients take actual pride in being invalids and in ostentatiously parading their means and methods of cure.

There is the man, for example, who carries his pills or powders in his vest-pocket and takes them, with his meals, be they at home or abroad, and he, who in the midst of business or social conversation consults his watch and remarks, "excuse me, but I find it is time for me to take my pill."

There is the lady who carries her tonic in a vinaigrette and takes it at all opportune times, or, from a homeopathic phial, drops just three drops of "that powerful medicine" into a glass of water, that all may either wonder at or condemn her taste and conduct.

Much as we may consider this poor taste experience teaches us that the physician, successful in gaining practice and reputation, as well as speaking results must make concessions to this demand and to his own opinions, that he must causally ascertain the taste—call it fad, if you will—of his patient and govern himself accordingly.

For people judge a physician by his adaptability to conditions and circumstances as well as by his professional skill and affability. And it is not derogatory to dignity or honor to make such concessions providing they be made without sacrificing utility.

The Colorado State Board of Health.—Dr. Arnold Stedman of Denver, Dr. James R. Arneil of Denver, and Dr. Charles Morrison of Colorado City have been appointed to vacancies on the State Board of Health of Colorado.

Wood Alcohol for Whisky.—At Whitestown, Ind., three men are dead, one is dying and one is blind as a result of drinking a concoction of wood alcohol prepared as a substitute for whisky. Julius Dodson and William Hoop and the latter's son, Robert Hoop, died after having drunk heavily from a jug containing some of the liquor. Frank James, who told the coroner that he bought the alcohol and mixed it with water, was stricken blind, and Ira Neese, another of the party, is reported to be dying at his home at Knightstown.

Digitized by Google

SELECTED ARTICLE

INTESTINAL LESIONS CAUSED BY ABDOMINAL CONTUSIONS.*

PROFESSOR ENDERLEN, M. D.

WURZBURG, GERMANY.

If there is a lacerating abdominal lesion, the diagnosis usually does not present any particular difficulties. The treatment to be instituted is equally clear, except on the battle field. In cases of doubt as to whether there is traumatic perforation, the knife will clear matters up by following the wound canal Swiss surgeons, among them Yost of Unterwalden, followed this practice as long as four hundred ago; so did Hans von Gersdorf, of Strassburg, at the time of the Burgundy wars. In his "Surgery in the Field" (Feldbuch der Wundarznai about 1513) he tendered the advice: "If the abdominal wound is not large enough, make it larger with the field knife."

The results of operative treatment of these injuries has improved from year to year, except that the experience gained in recent wars seems to question the expediency of surgical operations in the field. MacCormac, for instance, stated with reference to the Boer war that soldiers with abdominal wounds die when they are operated on; they will recover, if left alone. This experience, however, was gained under unfavorable surroundings, for within five minutes after opening the abdominal cavity the intestines were densely covered with the sands of the steppe, which penetrated through every chink of the operation barracks, and black with flies that settled upon them. Under conditions such as these, good results were, of course, not to be expected.

The results so far achieved in cases of subcutaneous intestinal rupture have by no means been brilliant, and the chief reason for this lamentable fact is the difficulty of making a diagnosis. Of importance in this respect is the way in which the lesion occurred. Traumas in circumscribed areas of the abdomen cause laceration of the intestine. These are most frequently inflicted by the shaft of a vehicle, the edge of a chair or table, a pole, or the kick of a horse; it is equally possible, however, that blows from objects with larger surfaces, such as a board, may cause intestinal rupture. In most of these cases it is a matter of indifference whether the injured person was in motion and collided with a stationary object, or whether an object in motion hit a stationary person. It should also be emphasized that the collision need not be very violent; much more depends upon its direction. If the blow occurs at a right angle to the abdominal wall, the latter will be driven in, causing the intestines to press against the spinal column or some other non-yielding part. In such a case the intestine will either burst at once or be so seriously injured as to become lacerated subsequently. The latter kind of injury is rather frequent.

The effect of collisions parallel, or nearly parallel, to the frontal surface of the abdomen may cause the intestine to be torn off by traction, the only condition being that the intestinal loop which was exposed to the injury was firmly lodged so that it was unable to follow the traction. It will first be extended, then tightened, and finally torn. The place where it will be torn, is either where the injury took effect or at some locality not far from the point of fixation of the loop. The mesentery may either remain intact or be lacerated. Aside from blows, the intestine may also be lacerated through the effect of a fall from an elevation. If the body, while falling, strikes an intervening object, or if it falls the entire distance to the ground, without striking an intervening object, the intestine will continue the downward motion imparted to it by the fall; and it may be assumed with Petry that during the fall, as well as at the moment the body strikes the ground, the intestine will be torn away from its point of adhesion owing to the weight of its fluid and solid contents.

The nature of another kind of intestinal lesion—bursting of the intestine—is not so clearly explainable. Formerly it was assumed, among other suggestions, that the effect of force upon the abdominal cavity would reduce its lumen, thus exerting upon the intestine a pressure capable of bursting it, just as a thin-walled rubber ball, inflated with air, would burst by the pressure of he hand. Another explanation was that the afferent and efferent portions of the loop become strangulated, with the consequence that neither gas nor fluids could escape, causing the intestinal wall to burst.

According to Kempf, the intestine may burst if there is considerable external pressure upon the closed, gas-filled loop and this pressure suddenly relaxes. It may also occur, however, if there is increased external pressure upon a closed and full intestine, while some part of the intestinal wall is under less pressure; this would lead to a uniform increase of internal pres-

*Reprinted from The Post-Graduate, July, 1911

Digitized by Google

sure with simultaneous lessening of resistance at a circumscribed place.

Sauerbuch, who has investigated bursting of the intestine, writes as follows: "Preliminary conditions are:

1. Considerable fulness of the intestine;
2. Occlusion of the loop in both directions;
   a. By strangulation at two places;
   b. By strangulation at one place and occlusion by trauma at another place;
   c. By violence exerted from two directions;
3. Abdominal contusion in the region of the distended loop."

Bunge calls attention to the importance of inguinal rings. Owing to the trauma, the intra-abdominal pressure is considerably increased; the intestinal loop is pressed against the inguinal ring; and as there is less pressure in the inguinal sac (atmospheric pressure), the intestine may burst in the direction of the inguinal sac.

As a matter of course, the condition of the abdominal wall the development of its musculature, adipose tissue, and its tension may play an important part. With thin, relaxed abdominal walls, insignificant traumas may cause intestinal lesions, while muscular, adipose walls may be able to counteract the effect of the blow.

We may now pass on to the consequences and the diagnosis of intestinal lesions.

Shock manifestations occur in all contusions of the abdomen, but they are no indications of the presence or absence of intestinal rupture, it having been demonstrated that in slight abdominal contusions there may be considerable shock, while shock manifestations in extensive intestinal injuries may be only slight. Should the shock manifestations persist for several hours, or even undergo exacerbation, an internal injury may be assumed with certainty. A suspicion of its presence may also be entertained, if the general condition of the patient becomes worse, especially after he has recovered from shock, and if there is increased pain and accelerated pulse. The pulse alone gives no reliable indication, it having been observed in some cases of intestinal rupture that the beats were frequent shortly after the accident, that they decreased in frequency a few hours later, and finally rapidly increased again with the onset of peritonitis. An improvement in the pulse may, therefore, not be taken to indicate an improvement in the condition; nor would it rule out intestinal rupture. Only increased frequency with impaired quality of the pulse are dependable signs, as they point to the presence of inflammatory conditions in the abdominal cavity. Measuring the body temperature may furnish a hint, if the same has increased owing to beginning or advanced peritonitis.

It need not be specially remarked that many grave infections of the peritoneum may run an afebrile course. Shortly after the injury the temperature is subnormal.

Respiration is sometimes strikingly changed; it may become rapid and superficial, and the abdominal respiration may be completely absent on account of pain. Vomiting may claim a certain degree of attention. After a simple contusion of the abdomen there may be infrequent vomiting, or none at all, while in intestinal hernia vomiting is usually observed at an early period and cannot be controlled.

Angerer attaches great value to the admixture of bile in the vomitus, this being never present in simple contusions.

In entirely fresh cases which had just been admitted and had vomited for the first or second time, we have never found bile mixed with the vomitus; but where the rupture had occurred some time before, we likewise established the presence of bile. To vomiting in pronounced peritonitis I need not specially refer.

Pain frequently occurs when there is an intestinal lesion, but absence of pain must not be mistaken for an indication to exclude it. One of our patients who had suffered a multiple intestinal laceration in the morning, was so little disturbed that he walked home, a distance of half an hour, and took to his bed only toward noon. Another patient, when asked during the examination whether pressure caused pain, replied: "Not much, but if you keep fumbling about, I won't have any feeling left at all." Operation in this case disclosed a transverse laceration of the intestine.

In other cases there were complaints of considerable, persistent pain; sometimes they were local and increased by pressure, sometimes disseminated over the entire abdomen.

In consequence of the disturbed continuity of the intestine, part of its contents will nearly in all cases invade the abdominal cavity; complete occlusion of the intestine by a mucous plug will probably occur only in the rarest of cases. If there is complete transverse laceration, the intestinal lumen is not likely to close up in spite of its muscular contraction; besides, the tension of the abdominal walls will soon relax. Much depends on the contents of the lacerated loop. Unless the exudate has been abundant, we may not, as emphasized by von

Digitized by Google

Mueller, hope to demonstrate free fluid in the abdomen, so that soon after the accident has occurred, we cannot rely upon dulness of the involved regions. At a later period, exudates together with other symptoms already referred to, merely point to peritonitis.

The liberated gases of the gastrointestinal tract may cause the liver dulness to disappear; but if there are adhesions in the hepatic region or if only minimal quantities of gas have escaped, the liver dulness will not disappear. The continued presence of liver dulness, therefore, does not justify the exclusion of intestinal rupture.

On the other hand, liver dulness may be absent, although there is no free gas in the abdominal cavity, owing to the liver being displaced on edge. Sprengel points out that this position of the liver occurs in youthful individuals with tense abdominal walls and simultaneous paresis of the intestinal loops. De Quervain calls attention to the presence of a freely movable gas sac, Schmitt to a highly tympanitic area at the place of injury.

A very important symptom is furnished by the behavior of the abdominal musculature. The abdominal wall is tense and as hard as a board, contracted as in tetanus, and sometimes very sensitive. Trendelenburg points out that the cremaster also participates in the tension. The contracture of the abdominal musculature is not of long duration; with the onset of peritonitis the abdomen softens, and there is distension owing to the prevailing meteorism. It should be added, however, that where there is considerable suffusion of blood at the place of injury, there is likewise tension of the abdominal wall, although no internal organs need be injured. In contusions of the thorax or fracture of the ribs there may also be tension of the abdominal wall on the injured side owing to persistent pain. Lauenstein noticed that individuals with intestinal rupture cannot sit down without supporting themselves with their hands, and that they are unable to raise their legs fully extended.

A less certain sign than abdominal tension is the behavior of intestinal peristalsis. Defecation and flatus are usually arrested; auscultation does not disclose any intestinal noises, although there may be exceptions. If defecation occurs and there is sanguineous admixture, there is at least a lesion of the intestinal mucosa which may cause secondary perforation. To this danger patients are also exposed if the intestine has become contused or if the mesentery has been lacerated or torn away from the intestine.

In order to establish a differential diagnosis, the following points should be taken into consideration.

1. *Simple Shock.*—There is no tension of the abdominal wall, and, with careful observation, increasing improvement will be noticed.

2. *Simple Contusion.*—Tension of the abdominal wall is either transitory or absent, or it may occur owing to pains from palpation. Tension, however, is present if the contusion is complicated by considerable blood suffusion into the abdominal cavity. Pains are localized at the place of injury and not disseminated over large areas. If there is vomiting at all, it will occur only once or twice, and there is no admixture of bile.

3. *Hemorrhage from an Organ of the Abdominal Cavity.*—Here the differential diagnosis as such is chiefly of theoretical interest, inasmuch as this condition in any case requires surgical interference; but hemorrhage from these parts may also be associated with intestinal rupture. The presence of hemorrhage is conjectured from increasing anemia and lowering of the blood pressure, but the actual presence of free blood can be determined by percussion only after large quantities have been exuded.

4. In general contusions of the body, a resulting vertebral fracture with cord lesions, or a prevertebral hematoma, may cause the same manifestations as incipient peritonitis. Guiding points are the vertebral fracture or the retroperitoneal hematoma; at first there is no vomiting, nor abdominal tension and sensitiveness. If there are intestinal as well as spinal lesions, if the seat of the vertebral fracture is high, and if the area of sensory and motor paralysis is extensive, the diagnosis will be very difficult. Attention to this dangerous complication may, perhaps, be called by the presence of peritoneal (free or encysted) exudate, impairment of the pulse, and perhaps increase of body temperature.

Summarizing my remarks on diagnosis and differential diagnosis, the conclusion is that the greatest value for early recognition of the existing condition should be attached to the question whether there is unilateral or general tension of the abdominal wall, unless there is considerable blood suffusion at the injured place. Aside from the reflex tension of the abdominal muscles, a slight but distinct exacerbation of the general condition during the first few hours

Digitized by Google

following the injury is a point of importance. With very careful observation, three or four hours may be allowed to elapse, but, unfortunately, even then there is the possibility of errors.

Koerte reported a case where he was absolutely certain of his diagnosis and had decided to operate; the patient, however, refused operation and made a smooth recovery.

The course of intestinal rupture may be described in brief words. In the most favorable cases, where there is but a slight tear, the mucous membrane will prolapse and occlude the aperture. Neighboring loops, or the omentum, will form a layer over the lesion with agglutination or adhesion, so that recovery may take place.

If there is exudation of intestinal contents, a circumscribed encysted abscess may form which is capable of resorption, or secondary perforation into the intestine or outward may occur; but it is equally possible that pus will find the dangerous route into the free abdominal cavity.

In the most unfavorable cases there is neither occlusion nor abscess formation; the inflammation will rapidly spread over large areas or over the entire peritoneum and cannot be checked. As early as four hours, exudate may be found, likewise fibrinous deposits on the various loops. The more or less fulminating course is not only dependent upon the quantity of the exudate, but also on its infectious nature. This differs in the various sections of the gastrointestinal tract, as has been shown by Brunner, and according to him the greatest weight attaches to physical factors (variations in consistency) favoring the propagation of infectious material. For this reason he considers lacerations of the small intestine more dangerous than those of the large intestine, as in the former the quantity of bacteria increases toward the cecum. Statistics show the rarity of cases in which the most favorable course, as depicted above, takes place. Of 160 cases of subcutaneous intestinal rupture, in which the expectant treatment was instituted, 149 died; of the 11 which recovered, 10 had to be operated during treatment for fecal abscesses and fistulae. These figures furnish, in my opinion, clear and distinct proof of the insufficiency of expectant treatment, which indeed should be totally discarded.

The only rational treatment, holding out hopes for success, consists in surgical interference. At a period when the diagnosis cannot yet be made, it is a mistake to administer opium or to make morphin injections. If a building is on fire, the alarm bell should not be cut off. By relieving the pain, the pathological picture becomes obscured, which may occasion the useless loss of precious time. If the diagnosis is positive, even pronounced shock is no contraindication operation which really serves to reduce shock. The dangers of general or lumbar anesthesia, or of operation, are distinctly less than those of expectant treatment for the relief of shock in cases of intestinal rupture or internal hemorrhage. In the presence of internal hemorrhage especially, waiting for the disappearance of shock conditions, is unjustifiable; waiting here means waiting for corpses.

The incision is made either at the place of injury or in the median line. Sometimes gas or a more or less turbid fluid is expelled immediately on opening the abdomen. If a provisional occlusion of the laceration has taken place, large quantities of exudate cannot be expected with early operation. The incision should, however, be made large enough to obviate a possible oversight of existing lesions. Sometimes there are several ruptures, and this shows the prudence of careful and systematic examination of the intestine. The surgeon should not be satisfied with having found one laceration. If he has been so fortunate as to operate early enough, his attention will be called to the proximity of lesions by tetanic contractures of the involved parts of the intestine.

The true pelvis should likewise be searched, so that any possible lesion of the colon pelvinum may not be overlooked.

If a perforation has been found, it is sutured in the usual way, including the proximal healthy parts, after the wound edges have been freshened. Intussusception of the margins should be done with reason and moderation, as otherwise stenosis may develop at the place of suture. If several lacerations have occurred in close proximity, for if the intestinal wall in the neighborhood of the laceration has been much torn, the best plan is to resort to resection of the loop. The same course should be adopted if the intestine has been torn from the mesentery, or if there has been considerable injury to the mesentery alone. In the latter case intestinal strictures may develop, for which Schloeffer has furnished experimental proof.

For the sake of safety it is also advisable to resect severely contused parts of the intestine even if there are no lacerations. Should the precarious condition of the patient militate against this operation, they should be placed extraperitoneally. If the loop does not excite much suspicion, it

Digitized by Google

should be effectively tamponaded against the abdominal cavity; should a secondary perforation occur, there will be less danger in dealing with it.

The exudate is removed by cotton plugs and the abdominal cavity washed out with large quantities of warm physiologic salt solution. I have never seen any damage accrue from this procedure, nor have I been able to endorse the saying: "Die Spulerei ist eine Spielerei" (washing is playing). Nor can I recommend the complete closure of the abdominal cavity which is endorsed and practised by some. The peritoneum is a very patient sufferer, but it will not do to make exaggerated demands upon it. We have always applied drainage after partial sutures, inserting gauze strips along with the rubber tubes. This may certainly cause the unpleasant possibility of ventral hernia, but it is a safer proceeding.

In the after-treatment we have adhered to the usual rules, making free use of saline infusions and rectal injections of salt solutions when indicated. To stimulate peristalsis, we use injections of physostigmin which are decidedly useful.

An encysted abscess is merely incised without searching for the perforation. Suturing the latter, would in any case not be very safe, even if the search for the perforation were successful. A fecal fistula is later dealt with by suturing, exclusion, or resection.

The prognosis leaves still much to be desired. The earlier the operation takes place, the greater is the hope for a favorable result.

A few statistical data may follow.

Petry reported 42 cases in which laparotomy was done, 14 of which, or 33.6 per cent recovered; the other 28, or 66.7 per cent, died.

It is clear that the time elapsed between accident and operation has an influence upon results. Applying this factor to Petry's cases, the result is as follows:

Of 18 cases operated on within 24 hours, 8, or 44 per cent, recovered; 10, or 55 per cent died.

Of 24 cases operated upon later than 24 hours after the accident, 6, or 25 per cent, recovered; 18, or 75 per cent, died.

The figures collected by Petry date from about the beginning of 1880 to about the middle of the nineties.

Kirstein collected 18 cases occurring from 1897 to 1899: 8 cases of these, or 44.5 per cent, recovered; 10, or 55.5, per cent, died.

Considerably sadder, but more correct, is the picture presented by continuous series of various hospitals.

Angerer lost 7 cases out of 9; Neumann 20 out of 21; Hagen 17 out of 20. In the Basler Burgerspital 15 died out of 19 operated cases. I myself did 12 operations with 7 fatal results.

The collected statistics have the benefit of reporting isolated cases which, on account of their favorable results, have been published.

Complications with other grave lesions, such as hepatic or splenic ruptures, render the prognosis less favorable. If abdominal cords should develop, there may be secondary strangulation of the intestine.

I wish still to refer to a factor which may cause the patient's death after successful operation and of which, so far as I know, surgical publications make no mention. The trauma may lead to thrombosis of the portal vein. The intima is lacerated with a resulting thrombus which gradually increases in size. With the advancing constriction of the lumen there will be disturbances in the nearest root region, especially in the stomach; varices will develop particularly in the region of the cardia; and bursting of the varices may cause fatal hemorrhage. In the cases known to me, of Saxer, Schmorl, Heller, Ponfick, and Steinhaus, death occurred in periods varying from 9 days to 8 years.

Better results than those recorded above will be possible only by early surgical interference. I believe we may and should operate where there is a well-founded suspicion of intestinal rupture, i.e., if the patient a few hours after an abdominal contusion has been sustained still shows a somewhat accelerated pulse, reflex muscular tension, susceptibility to pressure on the abdomen, pain on deep respiration, and a sensation of uneasiness.

A Farm Colony for Alcoholics in Connecticut.—The Connecticut State Medical Society has appointed a committee to present to the state legislature the matter of establishing a farm for alcoholics.

Infant Mortality in New York.—It is rather startling to read that 9,843 infants under two years of age died in New York City last year. The New York Herald, of July 23, 1911, after quoting these figures says that "in the majority of cases these little ones might have been saved had the mothers possessed but a smattering of knowledge of hygiene and sanitation and access to the proper food, which poverty prevented them from procuring."

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Hospital Muddle.

Pretty much everybody has become wearied by the hospital situation here in St. Louis. Except that it has demonstrated vital needs and a lack of pulling together the discussion seems to have, as yet, accomplished nothing. But we have greater faith in the good sense of the public than we have in certain of our lawmakers and law-enforcers, we are consequently hopeful of the final outcome. The public will presently demand, and when that happens things will go.

The St. Louis Republic has been very decent in its every utterance during this discussion and has more nearly presented the subject in a true light than has any other of our papers. The following editorial from the Republic of September 1st shows about how things look to the average citizen, since some of the smoke of battle has cleared away:

"Rumors as to the outcome of the hospital bill tangle fly thick and fast. We are told that Comptroller Taussig offered to make provision for $50,000 additional revenue if the bill were withdrawn; that he declared that not more than $10,000 was available; that Acting Mayor Gundlach has promised to try to obtain $20,000.

"Just how much of all this is true, we neither know nor care. It may not be clear to the responsible officials, but it is perfectly plain to the general public that this is not a mere matter of a little more money or a little less. Two things are necessary. The first is to draft a measure which will systematize hospital expenditures, prevent waste and provide for an adequate working force. The second is to appropriate money enough to carry out its provisions.

"The public knows that spoiled provisions have been delivered at the hospitals while the city paid for fresh ones. The public knows that nurses have been overworked and consequently inefficient. The public knows that by reason of meager and innutritious diet institutions designed to cure the sick have become mere places of detention. The public knows that there has been filth where there ought to be cleanliness.

"This is not a situation to palter with. It is not a time for squabbles between the comptroller and hospital board. Nothing is to be gained by 'muddling along,' securing special appropriations and leaving the main difficulty untouched. At the bottom of the whole matter is a vicious system in the supply department, insufficient funds and a tangle of personal jealousies.

"The people of St. Louis may reasonably ask that this come to an end. Let us have thorough reorganization. Let us find out what hospitals fully equipped and efficiently conducted will cost. The taxpayers are ready to pay the price."

Independence Day Casualties.

Sufficient time has elapsed since the last Fourth of July celebration for a collection of accurate statistics of the killed and wounded for the day. A comparison of these figures with those of former years shows that the "Safe and Sane" propaganda is working out for the Nation's good. A recent issue of the Journal of the American Medical Association contains a compilation of deaths and wounded from this last celebration, which shows only 18 cases of tetanus, the smallest number reported since 1903, when the compilation of these statistics began. Of this number 10 died. There were also 47 deaths due to other form of fireworks, or a total of 57 killed, as compared with 131 last year. Blank cartridge wounds, which this year caused 15 cases of tetanus, cause more deaths each year in the celebration of the Fourth than all other factors combined. In nine years 860 cases of tetanus were caused by this factor. Most of these were boys from 6 to 18 years of age, and most of them were doomed to die from the most awful death known to medical science. Yet all this is preventable if city governments will enforce the proper restrictions. Of the 47 deaths this year, aside from tetanus, 12 were burned to death by fire from fireworks, most of these being girls and small children. In some of these instances the fire was caused by small-sized firecrackers and the so-called "harmless" sparklers. There were 11 deaths from gunshot wounds, 9 by explosions of powder, torpedoes, dynamite, etc., 2 from giant firecrackers, 5 from cannon and 8 from various forms of fireworks. There were also 1,546 non-fatal injuries,

Digitized by Google

the grand total of killed and injured being 1,603, as compared with 2,923 last year and 5,307 in 1909. In nine years the total number killed was 1,719, including 978 deaths from tetanus and 37,410 were injured. Of those injured 130 were completely blinded, 577 lost one eye each, 462 lost legs and arms or hands and 1,624 had one or more fingers torn away. Thirty seven regiments of human beings mutilated for life! What an awful tribute this nation has paid in nine brief years for the privilege of celebrating our National Independence Day!

New York had three deaths, the highest number reported this year for any one city, Chicago had 2 and eleven other cities had one death each. This is a very marked improvement over previous years. In 1907 New York City reported 22 deaths, Chicago 16, Pittsburgh 10, and 24 other cities reported from 1 to 5 deaths each. These marked reductions are clearly due to pubilc sentiment, which has been thoroughly aroused during the last few years against the awful results of the old barbarous methods of celebration.

The campaign for a more uplifting and profitable celebration of the Fourth of July has likewise been more pronounced; prohibitive or restrictive measures have been more widely and better enforced than ever before. There still remains, however, too much indifference on the part of the city governments, on which the real responsibility for these deaths and injuries rests. Above all things, the use of blank cartridges and blank-cartridge pistols should be entirely prohibited. The prohibition of this form of fireworks alone would reduce the deaths to less than half what they are now and do away with practically all of the agonizing deaths from tetanus.

A New Interpretation of Anaphylaxis.

Many theories have been advanced to explain the occurrence of the condition which has been named "anaphylaxis," a term as yet too new to have reached many of our dictionaries, but generally understood by the medical profession. Eccles* interprets anaphylaxis as a means of defense of one organism against the attacks of another, one of the results of natural selection. Anaphylaxis consists in a poisoning resulting from the injection of the proteids of some other organism into the blood. Each organism can receive the proteid of his own species without harm, but poisoning results from the reception of a serum or proteid of an alien organism. The toxicity exists for vegetable as well as animal proteins. Injections of dead bacteria at intervals of ten days produce marked disease symptoms. All the anaphylactic manifestations are associated with eosinophilia. We seem to be approaching an all-embracing principle with which to link together medical facts, and which will simplify medicine incalculably. The reason why these proteins do not constantly poison one is that they are destroyed by digestion in the intestine before they reach the cells which they would poison. Evolution has improved gradually upon the digestive apparatus in this protective line so that the organism is well defended against alien proteins. In the blood these proteins are found again converted into proteins, but with their constituents rearranged so as not to be toxic any longer. Thus in evolution the poison of today becomes the food of tomorrow. The food and not the bacteria contain the poisonous substances as propoisons existing in it. Among these propoisons are the amino-acids, which are important constituents of the proteins. Digestion is a reverse process to growth and separates these amino-acids from one another. Blood serum and cell proteins are composed of the same kinds of substances, the amino-acids and polypeptic combinations. The linking together of amino-acids through reverse enzyme action occurs in the building of proteins. Anaphylaxis is due to an attempt to digest more alien protein than the cells can take care of in respect to their toxic products, and some damage is done to the cells in their sensitizing stage. Tyrosin, cystin, and tryptophan are present in all kinds of proteins. Substances that have a high reducing power are especially toxic. These substances are non-toxic until broken up in contact with the nuclei of the cells. The nuclei of the phagocytes show evidence of great injury by these poisons.

*Medical Record, August 12th, 1911.

Our Medical Schools.—The local medical schools are busily engaged preparing for the opening of a new session, buildings are being renovated and equipment replenished to meet increasing needs. Present indications are that the new class is to be a large one. The rough and rugged road of the practitioner is not at all evident to the youth of the country; what is to them evident is that it is an attractive calling and one which seems to yield good financial return.

Digitized by Google

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

A Manual of Materia Medica. By E. Quin Thornton, M. D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. Octavo, 525 pages. Philadelphia and New York. Lea & Febiger, 1911. (Cloth, $3.50, net.)

Professor Thornton has prepared a very thorough yet compact text-book and work of reference on the basis of therapeutics, namely, the Materia Medica, a department which is coming in for renewed recognition as to its rightful importance. He opens with a section on posology, prescription writing, including its Latin essentials, incompatibilities, weights and measures, and then proceeds to the body of the book, which is devoted to the description of all drugs, chemicals and preparations official in the U. S. Pharmacopeia. In the third and closing part he gives a complete list of these preparations, rearranged according to pharmaceutical classes, with their composition and methods of preparation, thereby affording a laboratory guide. The author's long experience in teaching has given him definite views as to the field to be covered in a work of this kind, and also as to the best method of systematizing its presentation. The subject is one in which accuracy is peculiarly necessary, a characteristic well exemplified in the work in hand.

A Manual of Practical Hygiene. For Students, Physicians and Health Officers. By Charles Harrington, M D., late Professor of Hygiene in the Medical School of Harvard University. Fourth edition, revised and enlarged by Mark W. Richardson, M. D., Secretary to the State Board of Health of Massachusetts. Octavo, 850 pages, with 124 engravings and 12 full-page plates, in colors and monochrome. Philadelphia and New York: Lea & Febiger 1911. (Cloth, $4.50 net.)

The medical profession may advisably take note of the growing public interest in all matters pertaining to the maintenance of health, an indication that the physician is now expected to be quite as expert in preventing disease as in curing it. In fact, the intelligent portion of the laity is becoming exceedingly well informed on matters of hygiene, and it behooves the profession to lead instead of being pushed along its own ground. Fortunately it has at hand in the new edition of Harrington's Hygiene a standard authority, thoroughly revised to date, complete in every department and detail and easy and delightful to read. It is one of the rare books that survive their authors and to prove their own vitality and intrinsic worth. Dr. Harrington was professor of hygiene at Harvard Medical School and secretary of the Massachusetts Board of Health, thus occupying didactic and executive positions of the highest eminence. Over-work led to his lamented death in the fulness of his powers, but he left his book partly revised in anticipation of the demand for a new edition, which has been fully realized. His revision has been most fittingly completed by Dr. Richardson, his successor on the Massachusetts Board of Health, and the book now goes forth again as the standard exponent of the latest developments in the whole vast range of subjects included in its title.

Handbook of Suggestive Therapeutics, Applied Hypnotism and Psychic Science. A Manual of Practical Hydrotherapy, designed especially for the General Practitioner. By Henry S. Munro M.D., Omaha, Nebraska. Third edition, revised and enlarged. Cloth, 409 pages. St. Louis: C. V. Mosby Co., Publishers.

This volume on one of the lesser known but more important of therapeutic methods stands almost alone among English texts. Psychotherapy has won for itself a merited place in the last decade and the day is past when thinking men fail to avail themselves of so much of its assistance as they can intelligently command. To Dr. Munro more than any other is due the credit for our growing ability along these lines. That the profession appreciates his efforts in our behalf is demontsrated in the speedy exhaustion of the first two editions of this work and in the appearance of this the third. The author has thoroughly revised and considerably extended the text making the present edition considerably more voluminous than its predecessors and its value so much the greater. The text reads most entertainingly and one's interest increases with his progress through its pages. And practical points suited to every day use are found at every turn. True, there are also subjects which are by no means "every day" in their applicability and which seem intended for the specialist, but the bulk of the text is purposed for the general practitioner and is admirably suited to this purpose. We believe that no practitioner can make a mistake in adding this volume to his working library.

Modern Treatment: The Management of Disease with Medicinal and Non-Medicinal Remedies. By eminent American and English authorities. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia, etc: assisted by H. R. M. Landis, M.D., Medical Director to the Phipps Institute for Tuberculosis, etc. In two very handsome octavo volumes, comprising 1800 pages. Philadelphia and New York: Lea & Febiger, Publishers, 1911. (Price per volume in cloth, $6.00, net; half morocco, $7.50, net.)

The second volume of this work is devoted to a consideration of circulatory, digestive, respiratory and parasitic diseases; diseases of the nervous, digestive and genito-urinary systems and of the skin, eye, and ear. It is of uniform excellence with the first volume and makes a most satisfactorily complete and useful exposition of this tremendously important subject. The set should be in every medical library, no matter how large or how small.

Digitized by Google

PUBLIC HEALTH

INTERNATIONAL LIST OF CAUSE OF DEATH.

Census Bureau Will Issue Manual Based on Second Decennial Revision.

Washington, D. C., Sept. 6, 1911 Census Director Durand will submit in the near future to Secretary Nagel of the Department of Commerce and Labor the manual of the International List of Causes of Death, based on the second decennial revision by the International Commission, which met in Paris in 1909. In his letter of transmittal the director states that it contains many additional terms not found in the original translation of the report of that commission, and will be of special service to American registration offices whose returns supply the material upon which the mortality statistics published by the Bureau of the Census are based. It was prepared under the direction of Dr. Cressy L. Wilbur, chief statistician for vital statistics of this bureau.

REMARKABLE PROGRESS OF CLASSIFICATION.

In the introduction of the manual it is stated that the progress of what is known as the International Classification of Diseases and Causes of Death is most remarkable. It can be explained only by the fact that there was a widely recognized need for national and international uniformity of classification, and that the system proposed met fairly well the demands of registration offices and of the users of mortality statistics and proved capable of progressive development as those demands changed with the advance of medical knowledge.

As late as 1893 no two countries in the world employed precisely the same forms and methods for the statistical classification of causes of death, the complication of which is universally regarded as of the utmost importance for the advancement of sanitary science and practice. This lack of uniformity rendered the statistical results of such classification incomparable, and it was imperative that an effort be made to remedy this defect.

The past 18 years have seen the successful accomplishment of this task, at least to a degree that warrants the most sanguine hopes of ultimate success and of the early approach of the time when all nations shall be in agreement in this respect.

The measure of this success may be inferred from the large number of countries represented at the sessions of the International Commission in 1900 and 1909, as given in the official reports of the proceedings, although all countries that employ the classification were not represented by delegates in 1909. In a paper before the Fourteenth International Congress of Hygiene and Demography, held at Berlin in 1907, Dr. Bertillon estimated that the system was in effect for over 212,000,000 of population. This estimate was a very conservative one, the United States being credited with only the population (33.1) millions shown for the registration area in 1904. Since the meeting of 1909 the very important accession of Great Britain has been received.

THE COUNTRIES CO-OPERATING.

Many countries, among them the United States, that have expressed their cordial approval of the International list and have adopted it for practical use so far as material is available for the statistical compilation of causes of death, do not enforce the complete registration of deaths throughout their entire territory. This is not the case, however, in the British possessions, for as an almost invariable rule there is thorough registration of vital statistics wherever the British flag flies. The addition of the British Empire is thus a most important one.

All the English-speaking and Spanish-speaking countries of the world are now united in the adoption of the International list. The entire Western Hemisphere, including North, Central and South America, Australia and New Zealand; China, Japan, and British India in Asia; Egypt, Algeria, and South Africa in Africa; and many countries of Europe are now, or soon will be, represented among those thus seeking international uniformity. Progress during the present decade should be even more gratifying, and by the time of the Third Decennial Revision, which is to be made in 1919, it may be hoped that all countries will join in the movement.

The manual states that the International List of Causes of Death makes no pretension of being a proper nomenclature of diseases or of including a scientific classification of diseases. It is only a practical working list whereby statistical compilers can assign medical terms reported by physicians as causes of death to certain more or less definite titles representing indvidual diseases or groups of diseases of similar character. Statistics of causes of death

Digitized by Google

are vitiated to a considerable extent, and sometimes to a very large extent, by the fact that many deaths are reported under what the Committee on Nomenclature of the American Medical Association very graphically calls certain blind returns. How applicable this phrase is can be appreciated most fully by those who have puzzled over returns as received in registration offices, and an inspection of the many unsatisfactory and indefinite causes included in the manual will make it clear that reform is necessary in order to place our statistics of causes of death upon a satisfactory basis.

IMPORTANCE OF EXACT STATEMENTS.

Satisfactory statements of causes of death can be obtained only by means of a high degree of co-operation between members of the medical profession and the registration authorities. It is desirable that physicians appreciate the importance of exact statements of causes of death and realize, by means of study of the statistical results, how certain forms of reports may lead to misunderstanding and inaccuracy. An essential requirement is that the blanks employed for the statements of causes of death be uniform, as otherwise specific instructions can not readily be given. A very satisfactory result of the general adoption of the United States standard Certificate of Death, as recommended by the American Public Health Association and approved by the Bureau of the Census, is that uniform instructions can be employed for a very large proportion of the registration area.

In order to familiarize physicians with the general statement of the International List of Causes of Death, a vest-pocket booklet was prepared and distributed directly by the Census Bureau each year, to all physicians of the United States, as well as to many thousands of local registrars through their state registration offices.

HISTORY OF NOSOLOGY.

Nosology, or the scientific classification of disease, was cultivated with fervor a hundred years ago, and was believed to be a necessary part of the knowledge required for the practical treatment of disease. The system devised by Cullen in his "First Lines of the Practice of Physic," came to be the predominant one, although many other systems were presented, among them those of Sauvages, Linneus, Vogel, Sagar, Macbride, Young, and Mason Good. All these systems have vanished; the subject is almost entirely neglected at the present day, but its influence may be traced in the forms of statistical lists in present use. Dr. William Farr found the Cullenian system in general use in the public services at the time of the establishment of the modern system of registration of deaths in England. It had not, however, been revised to meet the demand of the advances of medical science and was not suited to statistical purposes. One of Dr. Farr's first duties therefore, was to prepare a "Statistical Nosology," which had a marked effect upon subsequent classifications, including that of the second revision of the international list.

As a result of his practical experience with this system Dr. Farr was selected, together with Dr. Marc d'Espine of Geneva, by the First Statistical Congress, Brussels, 1853, to prepare a report upon a classification that might be used in all countries for the statistics of causes of death. The resolution to this effect was introduced by Dr. Achille Guillard, a distinguished botanist and statistician, creator of the word "demography," and maternal grandfather of Dr. Jacques Bertillon, to whose efforts the present success of the International list is chiefly due.

This was the beginning of the present International list. The classification was adopted in Paris in 1855, in Vienna in 1857, and was translated into six languages. Again revised at Paris in 1864, 1874, 1880 and 1886, the final form was substantially that which was recommended by the International Statistical Institute, the successor of the old Statistical Congress at Chicago in 1893, and which, after the First Decennial Revision of 1900 and the Second Decennial Revision of 1909, is now the International list in force in a large number of countries for the decade beginning January 1, 1910, and ending December 31, 1919.

Bacteriologist and Pathologist (Male), Philippine Service, September 23, 1911.—The United States Civil Service Commission announces an examination to secure eligibles from which to make certification to fill vacancies as they may occur in the position of bacteriologist and pathologist in the Bureau of Science, Manila, P. I., at a salary of $2,000 per annum, and vacancies requiring similar qualifications as they may occur in the Philippine Service.

It will not be necessary for applicants to appear at any place for examination. Their eligibility will be determined upon the evidence furnished in connection with application and examination Form 2 concerning their education, training, experience,

Digitized by Google

and fitness. Applicants may, if they desire, submit with their applications copies of theses or publications which have been prepared by them.

Qualifications.— The qualifications desired of applicants for these positions are as follows:

(a) That they be graduates in medicine. It is preferred that they shall have received a doctor of philosophy degree (or have had an equivalent training) from a first-class institution.

(b) They must be trained in bacteriological laboratory work and must have good technique.

(c) They must have a good thorough fundamental knowledge of pathological anatomy.

(d) They must have a knowledge of and training in immunity and serum therapy.

(e) They must be young, healthy, and energetic, and capable of doing research work; in fact, they should have all the qualifications needed by a first-class laboratory research worker.

All statements in relation to training, experience, and fitness are subject to verification.

It is believed that these positions will be attractive to persons who are competent for the work. It has been stated by the Bureau of Science that the position of bacteriologist and pathologist offers opportunities for promotion, the salaries in the pathological laboratories ranging as high as $5,000 (U. S. currency) per annum. The laboratories are fully equipped with laboratory materials and apparatus for doing all classes of modern bacteriological and pathological work.

The medical certificate in application Form 2 must be written by some medical officer in the service of the United States. Special arrangements have been made with pension examining boards throughout the country to give such examinations for fee of $2, to be paid by the applicant. If such board can not be conveniently visited, applicants should appear before medical officers of the Army, Navy, or Public Health and Marine-Hospital Service. The examining physician must show his official designation.

Each applicant for these positions will be required to submit with his application a photograph of himself, taken within the past three years, as a means of identification in case he receives appointment. An unmounted photograph is preferred. The name and date of examination, the competitor's name, and the year in which the photograph was taken should be indicated on the photograph.

Applicants must have reached their eighteenth but not their fortieth birthday on the date of the examination.

This examination is open to all citizens of the United States who comply with the requirements.

This announcement contains all information which is communicated to applicants regarding the scope of the examination, the vacancy or vacancies to be filled, and the qualifications required.

Applicants should apply at once for application and examination Form 2, either to the United States Civil Service Commission, Washington, D. C., to the secretary of the board of examiners, post-office, Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Cal., or old customhouse, St. Louis, Mo. No application will be accepted unless properly executed and filed with the Commission in complete form, with the material required, prior to the hour of closing business on September 23, 1911. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

Salt Lake City Uses Typhoid Vaccine.— The apparent efficacy of vaccination for typhoid fever has led the Salt Lake Board of Health to begin an active campaign for its use in putting an end to the ravages of typhoid fever. The board has not yet decided to make the use of the vaccine compulsory, but that it will constantly have the preparation on hand and that city physicians will administer it free of cost.

To Investigate Poliomyelitis.—The Rockefeller Institute for Medical Research, of New York City, announces that it will devote its resources very largely during the present season to the study of anterior poliomyelitis (infantile paralysis) and to the treatment of acute cases of this disease in its hospital. Physicians and health officers desiring to co-operate in this investigation may do so by sending information concerning the occurrence and prevalence of the disease, or by referring acute cases to the Hospital of the Rockefeller Institute. Dr. Flexner renews his request of last year that whenever possible a portion of the spinal cord and of the naso-pharyngeal mucosa derived from fatal cases of the disease be sent to him. Specimens should be preserved in glycerine and sent by mail to Simon Flexner, M.D., 66th street and Avenue A, New York City.

Digitized by Google

SOCIETY PROCEEDINGS

AMERICAN PROCTOLOGIC SOCIETY

Thirteenth Annual Meeting, held at Los Angeles, Cal., June 26 and 27, 1911.

(Continued from page 356.)

Physiology of Constipation.—(By Samuel T. Earle, M.D., of Baltimore, Md.)—In reviewing the Physiology of Constipation in the symposium read before the American Proctologic Society, June, 1911, Earle calls attention to the sensibility of the alimentary canal in connection with its bearing on constipation. It has been shown that the stomach and intestines are quite insensitive to tactile and thermal stimuli, but that the esophagus and anal canal are sensitive. The whole of the alimentary canal is, however, sensitive to distension, which produces at first discomfort and subsequently pain. The rectum appears to be more sensitive than the rest of the intestines to distension, so that a large fecal mass produces more discomfort when lodged in the rectum than in any other situation. As a result of this, the normal accumulation of feces in the pelvic colon is unaccompanied by any discomfort, whereas, the entry of feces into the rectum at once produces a sensation, which acts as a warning that defecation is necessary. The discomfort produced by the presence of a large mass of feces in the rectum is partly due to the pressure it exerts on the upper extremity of the sensitive anal canal. Prolonged retention of feces in the rectum leads to a blunting of its sensibility, so that comparatively little local discomfort is present in most cases of confirmed constipation. But in acute cases or cases of recent origin, in which the rectum is distended with feces much discomfort and occasionally severe pain is experienced. On the other hand, even a very large accumulation in the pelvic colon produces little or no discomfort in the intestine itself.

A large fecal accumulation in the rectum presses directly upon the anterior primary divisions of the third, fourth and fifth sacral nerve routes, as they emerge from the sacral foramina. It may therefore lead to neuralgic pain referred to the sacro-coccygeal region. It is liable to cause suffering more from its constant presence than its severity; it is often as severe when the patient lies down as when he takes exercise, but some relief follows flexion of the lumbar spine. The muscles of the buttocks and back of the thigh, which receive a small part of their sensory and motor supply from the third sacral nerve route, may be the seat of similar pain. Neuralgic pain or parasthesia, in the form of tingling or a sensation of heat or cold may occur, in the course of the sciatic nerve, in the back of the thigh, and occasionally the sensation of cramp in the calf is produced. Pain is also occasionally felt in the hip-joint, it receives part of its nerve supply from the third sacral nerve. The roots which supply the muscles of the front of the thigh, are situated out of reach of the distended rectum, so that in the exceptional cases in which pain is produced by constipation in this situation, it must be due to pressure exerted by a fecal mass in the iliac colon on the anterior crural nerve; and is accordingly only observed on the left side.

That these neuralgic pains are probably due to the direct presence of a large and hard mass of feces, on the sacral nerve-routes is shown by their instantaneous disappearance on completely evacuating the rectum by enemata, a form of treatment which was already advocated for sciatica by Columnius of Naples at the end of the eighteenth century.

Possibly the erections and seminal emissions, and the frequency of micturition and nocturnal incontinence, which occasionally result from large fecal accumulations in the rectum, are due to direct irritation of the third and fourth sacral nerves, and are not reflex in nature. The spasm of the sphincter ani and levator ani muscles, which has already been described as an occasional complication of the fecal impaction in the rectum, which occurs in constipation, may perhaps be in part due to pressure on the fourth sacral nerve routes.

Neuralgia of the testicles in men and dysmenorrhea in women are sometimes increased by the direct pressure in the rectum on the nervous supply of the testicles and uterus respectively.—Arthur F. Hertz, on Constipation.

Bacteriology and Urinary Findings of Constipation.—(By John L. Jelks, M.D., of Memphis, Tenn.)—The author advances no new theories, but expresses his views of the importance of both chemical and microscopical investigation in connection with clinical proctology, and the value of these examinations in cases of atonic constipation.

He refers to the importance of either finding, or eliminating, the presence of intestinal parasites, that are known to produce lesions in the intestinal coats and ports of entry of bacteria or their toxins. He expresses the belief that the destruction wrought to the submucous structures, the infiltration of plastic material and the con-

Digitized by Google

tracting, distorting, scarred portion of the bowel, as also the consequent destruction of, and interference with the secreting glands, their ducts and the nerve supply may become important factors in the atonic condition of some patients.

The author believes it is important to make microscopic examinations in all cases of this character—both of the crude and washed specimens, and of scrapings from the intestinal wall or from any lesion found in it. He also examines the urine chemically, and microscopically, believing this important, owing to the relationship and association of diabetes, kidney insufficiency and diseases of the kidney with cases of atonic constipation.

These examinations of the urine aid in determining the proper course of treatment, especially is this true when indicanuria, casts and sometimes traces of albumen, indicate the vicarious overwork of the tired and irritated kidneys, as also the intestinal fermentation and coprostatic auto-intoxication, which results in some cases.

The author refers to the importance also of examination of the stomach contents after test meals have been given as these may furnish in some cases a clue to etiologic factors.

Blood examinations he finds quite important in determining the amount of opsonic resistance as also for finding infections in the blood, which matters by lowering the vitality may become factors in the atonic conditions which were being discussed.

Pathology and Diagnosis of Constipation.—(By Wm. M. Bach, M.D., of Pittsburg, Pa.)—Pathology of constipation is naturally considered under two general heads, namely:

1. Stasis due to altered secretions;
2. Stasis due to mechanical obstruction.

The first may be the result of neuroses, and acute fermentative indigestion, or a bacillary infection. The anerobes may attack the contents of the bowels or the gut wall itself, leading to varying degrees of inflammation in the colon—as ulceration, hypertrophic and atrophic catarrh. The colon impaired functionally or traumatically leads to stasis and consecutive inhibition of the fecal excursion. Such impairment further disturbs the physiologic lines of defence against the auto-intoxications, as

(a) the intestinal mucosa, itself;
(b) the liver, and
(c) the antitoxic glands.

Collateral with these phenomna in constipation, are such factors as cholelithiasis, hypochlorhydria, cholangitis and appendicitis, as altered secretions incident to coprostasis.

Mechanial obstructions to be reckoned with include:

1. Entroptosis or Glenard's disease;
2. Gastroptosis;
3. Dilatation of the colon;
4. Certain extramural and intramural sources of obstruction, as pelvic tumors and displacements, nephroptosis, enlarged glands, intussusception, malignant disease, etc.;
5. Acute angulation at the retrosigmoid junction, hypertrophy of O'Beirne's sphincter, and stiff rectal valves;
6. Disease in the anal canal.

Diagnosis resolves itself into an analysis of the above conditions; to differentiate acute or chronic obstruction and the ordinary functional stasis which may also be accompanied by the various forms of colitis.

Sequelae of Constipation, Including Auto-intoxication.—(By Alfred J. Zobel, M.D., of San Francisco, Cal.)—In this paper the writer mentions many of those conditions which seem to have their origin in chronic constipation with auto-intoxication. He states that experimental evidence has not as yet demonstrated that they actually do so, but close observation and clinical experience tend strongly to confirm the theory.

He writes that while all constipated individuals do not necessarily suffer from those symptoms ascribed to auto-intoxication, yet in his experience most patients with auto-toxic symptoms are constipated. This may be without their knowledge, and they often deny in good faith that they are so; but proctoscopic examination generally proves the sigmoid and rectum to be loaded with fecal matter.

A report is given of the proctoscopic observations made on a number of cases of hypertrophic arthritis. In almost every instance the lower bowel was found filled with a fecal mass, although most of the patients positively stated that they had had an evacuation within an hour or two previous to the time of examination. Thorough colonic flushings invariably brought about relief from pain, and in time marked improvement in their general condition.

These observations are in line with the theory advanced by various authors that arthritis deformans may be due to intestinal auto-intoxication.

Mention is made of the various muscular, arthritic, and neuralgic pains caused by absorption of toxins from the bowel. These are often misunderstood, and treatment instituted for rheumatism.

Digitized by Google

Congestion, irritation, and various disturbances, both functional and organic, of the uterus, tubes and ovaries in the female; the vesicles, urethra, and prostate in the male; and the bladder in both; may result from chronic constipation. This is due both to the proximity of these organs to the lower bowel and to their close physiological relationship.

It is noted that albuminuria may arise from intestinal stasis, and mention is made of the opinion advanced by various clinicians that a nephritis may even be caused thereby.

The role of constipation with auto-intoxication as causal factors of epilepsy, neurasthenia, and various mental conditions, as claimed by certain well known and competent observers, is stated here without comment.

The influence of these conditions on the heart, blood-vessels, and the blood; and its effects on the eye, ear, nose and throat are dilated on in this paper, and in support of these statements quotations are culled from the literature that has appeared on this subject during the past five years.

The writer further briefly mentions a few more of those conditions that are supposed to arise from chronic constipation with auto-intoxication, and concludes by agreeing with the trite observation of Boardman Reed that, "when we accept the exanthems, malaria, syphilis, tuberculosis, and the diseases caused by traumatisms, by metallic poisons, and by a few other toxic agents or infections from without, practically all the remaining maladies which afflict us and cut short our lives are now directly or indirectly traceable to auto-intoxication."

(To be continued)

Besides the twenty-four cases of pellagra reported from Lexington and Hopkinsville Asylums for the Insane, more than one hundred cases of the disease have been reported from Bell and Whitley counties. The spread of pellagra in the mountain sections of Kentucky is said to have been rapid.

There is a soap lake in Nicaragua. This sheet of water, the Lake of Nejpa, contains a strong solution of bicarbonate of potash, bicarbonate of soda, and sulphate of magnesia. The water, when once forms a lather. It is used as a hair-wash, and enjoys a local reputation rubbed against any greasy object, as a cure for external and internal complaints.

THE MONTH'S MAGAZINES

Some Reflections on Luxury.—What does man want here below, anyway? Room and bath, food, clothes, a newspaper, and a job and fair opportunities to better himself. He has got the newspapers already. In this country, at least, there are enough newspapers to go around, and in the cities any on who declines to buy one can supply himself out of the first ash-barrel. There is nothing so cheap as newspapers, and that is a consequence of the pressure of commodities on the market. The advertiser pays all but a cent's worth of the cost of the newspaper, and would gladly pay that, no doubt, but for the fear of arousing the reader's suspicions. How much this has to do with the fact that I hear of likely young men who come out of the nurseries of learning and look wistfully at the newspapers, and fail to see attractive jobs on them and go away and do something else I don't know. It may be that likely young men never did troop in large swarms into newspapering. Banking usually looks better to them because men get rich at it, and law because a knowledge of it is no hindrance in any calling. The supply of rooms and baths is not nearly equal to human needs as the supply of newspapers, but it is gaining on the population. Out there at the house of some friends of mine, for example, it has caught up. In all the newer country houses hereabouts the great architectural feature is room and bath. In a Long Island house just completed that I inspected last spring before the family moved in there were between twenty and twenty-five bath-rooms. There were three people in the family, with a liability to guests if the owner's wife ever succeeded in getting rested. I thought this marked a considerable forward stride in civilization. Church unity still hangs back a bit, but we are getting pretty strong on plumbing, and the millenium may find us with a bath apiece.—E. S. Martin, in Harper's for September.

Dealing with Feeble-Minded Children.—In one of those institutions that, in the old days, would have been called an "idiot asylum," there was a little boy known as Peter.

For a long time after his arrival at the institution Peter was a serious problem. In all his classes he sat staring apathetically before him, taking the work that was put into his hands, holding it patiently until it was taken away, but doing absolutely nothing with it.

Digitized by Google

However, none of his teachers—for in this institution they do teach even idiots—forced or urged him. They just kept on, day after day, giving him the materials for work and trying with all sorts of gentle wiles to interest him in what the other children were doing.

Then at Easter some one sent him a toy rabbit, and in the manual training class next day he produced this from his pocket, took up his tools and began a pitiful attempt to carve out a copy of it in the wood before him. Quick to seize the advantage, his teacher, a young woman of unusual pedagogical acumen, helped and guided the fumbling little hands until another rabbit actually did begin to take form before the boy's delighted eyes. After that there was no trouble with Peter. A way had been found into his mind, and his sleeping faculties had been awakened and set to work. Before long it became evident that somewhere in his darkened mentality there had been lying dormant a real gift for wood-working, and today Peter is rapidly developing into an excellent carpenter.—From "An Experimental Station in Race Improvement," by Frances Maule Bjorkman in the American Review of Reviews for September.

What Young America is Doing in the Line of Boat-Building.—In the building of motor-boats, for instance the youngsters of this country have earned recognition within the brief period of a decade. Motor-boat construction in the United States has been known as a profitable enterprise for nearly twenty years. While professional boat-builders have been devoting much time and attention to the new form of craft, many boys, too, have started in to build the boat which now figures conspicuously in American sports. Naval architects and boat-builders who have seen the models and designs produced by these youngsters, still in their teens, have accorded them unstinted praise and admiration. In the beautiful northern district of New York City, near Columbia College, away from the din and clatter of the central metropolis, may be found a school which has set aside a class for the designing and building of model motor-boats. This is the seventh grade of the Horace Mann School. And, though the class was formed only two and a half years ago, a number of worthy models have already been turned out by the students. The credit for the formation of the class belongs to Mr. Howard Brundage, a graduate of Columbia University. Believing that the study and making of small motor-boats would prove a good mechanical test for the boys of the school, and enable them at the same time to acquire a valuable knowledge of boat construction, he suggested and instituted the boat-building class. Of course, this addition to the course of study was, at first, intended only for those students who were especially interested in mechanics; but, needless to say, a small army of future citizens joined the class.—From Harry Davis's "Boys as Motor-Boat Builders" in September St. Nicholas.

Septic endocarditis may result from a localized osteomyelitis that has gone on to spontaneous cure.—Amer. Jour. of Surg.

Hospitals Want Duty Free Lemons.—A letter endorsed by three of the largest hospitals in New York has been sent to every hospital in the United States, advising it to mail an enclosed request to the senator of the State that he vote for free lemons when the free list bill comes up before the Senate. Lemons were added to the bill, and the amendment has passed the House. Senator Curtis, of Kansas, said recently that he would be forced to vote for free lemons whether he wanted to or not because he had received letters from fifty hospitals in his State, asking that lemons be left on the free list because they were so essential in effectual hospital work, and, as most institutions of this sort were maintained through endowments and gifts, free lemons would reduce the running expenses considerably. The letter, which is being sent to the hospitals, simply requests them to mail an enclosed communication to the senator asking him to vote for a reduction of the tariff rate on lemons. It has been endorsed by Dr. O'Hanlon, superintendent of Bellevue Hospital, and Mr. J. R. Grimshaw, superintendent of Roosevelt Hospital. A copy of the letter is as follows:

To——Hospital.

Dears Sirs—We, the undersigned, suggest that you mail the enclosed letter and addressed envelope to your Senator, recommending that the tariff on lemons be reduced. Lemons are essential to effective hospital work, and a reduction in the tariff rate on them would cut down the running expenses of any hospital considerably. As most hospitals are supported by gifts and endowments, this is an important item.

If lemons were free, each box would cost $1.25 less. With the present duty the price will continue to ascend.

Yours sincerely,

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Callus about a perforating ulcer of the foot is a trophic disturbance not dependent on pressure for its cause.—Amer. Jour. of Surg.

Hospital Commissioner Morfit has been granted a month's leave of absence and has departed for the East where he will remain for something like three weeks. Anyone who knows the commissioner knows that his vacation will mean no let up in the study of hospitals, nor a moment's forgetting the good he hopes for ours.

The Return of the Vacationists.—The medical men and women who have been spending the past weeks seeking change and relaxation are returning to their usual haunts and are again getting into the harness. The coats of tan will soon disappear, but the energy which comes from the annual outing makes for good work until the time of its successor.

In Corea marriage is even more important and essential for a man than it is for a woman, as until a man be wed he is a being of no account. If a father has not selected wives for his sons ere they reach the age of 20 years he is considered worthless and neglectful.

Death of Dr. Foster.—Dr. Frank P. Foster, for thirty-one years editor of the New York Medical Journal, died August 13, in Chadwick, N. J., from carcinoma of the throat. He was born in Concord, N. H., in 1841 and began his study of medicine in Harvard in 1859. He took his degree of medicine in the College of Physicians and Surgeons, New York, in 1862. He became editor of the New York Medical Journal January 1, 1880.

A Quaint Tale of the Origin of Syphilis.—When you have finished Fracastor's tale—"The Origin of Syphilis"—you will lay it down and say: "Now that's a book worth while." Little did Fracastor dream way back in 1530 when he was writing his famous work, that in 1911 an American publisher would issue an English translation. Finishing his delightful mythological origin of syphilis, Fracastor plunges into a description of its symptoms and manifestations, which, for word painting cannot be surpassed. Possessed of a keenly observant mind, and the wielder of a pen that records his thoughts with cameo-like distinctness—Fracastor has given us what is truly a masterpiece. Whilst science has lately rewritten the story of syphilis, and may rewrite it again a generation hence, yet Fracastor's book will live—for, verily, it is one of man's imperishable works. The book may be secured from the Philmar Company, Fidelity Building, St. Louis, Mo., for two dollars.

Prize Essay on Alcohol.—Dr. L. D. Mason of Brooklyn, vice-president of the American Society for the Study of Alcohol and Other Narcotics, offers a prize of $150 for the best essay on "The Biological and Physiological Relations of Alcohol to Life." The essay must be the result of original research which shall confirm or disprove the present theories of the inherited effects of alcoholic degeneration and indicate how far the defects of parents are transmitted to the children. The essay must be typewritten and sent to Dr. T. D. Crothers, Hartford, Conn., secretary, before July 1, 1913. This offer is open to students in all countries, and each essay should be accompanied by a motto and a sealed envelope containing the same, with the author's name and address.

Digitized by Google

POST TYPHOID RECONSTRUCTION

The blood stream is impoverished ~ the nervous system has lost its tension ~ the muscular structures are in dire need of nourishment. To meet these needs, nothing will take the place of

It is a blood-maker and nerve tonic in the strictest sense of the term and is plainly indicated as a reconstructive in the convalescence from TYPHOID FEVER

EACH FLUID OUNCE OF HAGEE'S COMPOUND OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OF MANAGE FROM ONE THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. Dispensed by all druggists

Katharmon Chemical Co., St. Louis, Mo.

KATHARMON CHEMICAL COMPANY ST. LOUIS, MO.

IS MARKEDLY EFFECTIVE IN SUNBURN AND OTHER DERMATITES.

It relieves the pain promptly and restores the integrity of the skin Non-toxic and efficient, KATHARMON has no superior in skin inflammations.

KATHARMON REPRESENTS IN COMBINATION HYDRASTIS CANADENSIS, THYMUS VULGARIS, MENTHA ARVENSIS PHYTOLACCA DECANDRA 10% GRAINS, ACID BORO-SALICYLIC 24 GRAINS SODIUM PYROBORATE TO EACH FLUID OUNCE OF PURE DISTILLED EXTRACT OF WITCH HAZEL

No physician can afford to be indifferent regarding the accurate filling of his prescriptions.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets ST. LOUIS, MISSOURI

Digitized by Google

SOCIETY MEETINGS

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Preparations are now practically completed for caring for the sixth annual meeting of the Medical Association of the Southwest to be held at Oklahoma City, Okla., October 10 to 12.

As this was the birthplace of this association the profession of that bustling city are determined to make this meeting in the form of a reunion, and will spare neither time nor expense to make this meeting one long to be remembered.

The guests of honor are Dr. A. R. Edwards, of Chicago, who will deliver the Oration on Internal Medicine, an officer to be detailed from the Public Health and Marine Hospital service; Surgeon-General Wyman has not yet designated the officer; Dr. A. H. Andrews, Chicago, Ill., oculist and aurist and the presidents of the State Associations of Kansas, Missouri, Arkansas, Texas and Oklahoma.

The following is the preliminary draft of the program:

SECTION ON GENERAL MEDICINE.

C. C. Conover, chairman.

G. Wilse Robinson, secretary.

An interesting Case of Cerebrospinal Meningitis, Wilmer L. Allison, Fort Worth, Tex.

Vasomotor Symptoms of Infantile Spinal Paralysis, W. S. Lindsay, Topeka, Kas.

Remarks on Ulcers of Stomach and Duodenum, with citation of a case of one of the Duodenum, C. B. Hardin, Kansas City, Mo.

The Institutional Treatment of Chronic Diseases, Robt. E. Thacker, Lexington, Okla.

High Frequency Current in Chronic Affections, W. T. Wootton, Hot Springs, Ark.

Digitalis and Strcyhnia, C. W. Fisk, Kingfisher, Okla.

The Diagnosis of Pellagra, Theo. C. Merrill, Colorado, Tex.

Physiologic Therapeutics, John W. Bolton, Iola, Kas.

Bromo-Delirium; Somatic and Psychic Indices, S. Grover Burnett, Kansas City, Mo.

Recent Advances in the Diagnosis and Treatment of Syphilis, Wm. Frick, Kansas City, Mo.

The Treatment of Pellagra, E. H. Martin, Hot Springs, Ark.

What Shall We Do to Be Saved? A. B. Leeds, Chickasha, Okla.

Malarial Hematuria on Lower Canadian, or Tuberculosis among the Choctaws, S. E. Mitchell, Stigler, Okla.

SECTION ON EYE AND EAR.

H. Coulter Todd, chairman.

J. W. May, secretary.

The Conjunctival Flap, the Indications and Methods, R. H. T. Mann, Texarkana, Tex.

The Treatment of Sarcoma, H. Moulton, Fort Smith, Ark.

Accessory Sinuses, H. E. Thomason, Kansas City, Mo.

Surgical Methods in Treatment of Retinal Detachment, G. W. Maser, Parsons, Kas.

Glaucoma, Edw. H. Cary, Dallas, Tex.

Ocular Complications in Hysteria, L. Haynes Buxton, Oklahoma City, Okla.

Dacryoceptitis and the Tear Sac Operation, Edw. F. Davis, Oklahoma City, Okla.

Papers from the following: A. H. Andrews, Chicago, Ill.; A. W. McAlester, Kansas City, Mo.; J. H. Barnes, Enid, Okla.; Dr. Sawtelle; R. S. Magee and D. L. Shumate.

SECTION ON SURGERY.

John F. Kuhn, chairman.

Howard Hill, secretary.

Resection of the Cecum, B. F. Fortner, Springfield, Mo.

Osteo-Myelitis; and report of a case, J. E. Oldham, Wichita, Kas.

Neuralgia Deep Alcohol Injections, B. L. Hale, Cherryvale, Kas.

Chronic Intestinal Stasis, J. F. Binnie, Kansas City, Mo.

Ischemia in the Primary or Acute Stage, Chas. H. Cargile, Bentonville, Ark.

A Comparative Study of the Practice of Surgery in Mexico and the United States, L. H. Huffman, Hobart, Okla.

Pelvic Displacements; Causes and Rational Treatment, Frances A. Harper, Pittsburg, Kas.

The Principles of Success in Hernia Operations, St. Elmo Sanders, Kansas City, Mo.

Sequelae of Poliomyelitis, J. D. Griffith, Kansas City, Mo.

Digitized by Google

Total or Subtotal Hysterectomy, H. C. Crowell, Kansas City, Mo.

Abdominal Injury with Pitch Fork Handle, by the Perineal Route, W. H. Addington, Altoona, Kas.

Rectal Prolapse with report of cases, E. H. Thrailkill, Kansas City, Mo.

Abdominal Drainage, Chas. Blickensderfer, Shawnee, Okla.

Significance of Pain in the Upper Abdomen, Arthur W. McArthur, Kansas City, Mo.

Advances in the Preparation and After Treatment of Pelvic Operative Cases, H. S. Crossen, St. Louis, Mo.

Septic Infection, W. J. Jolly, Oklahoma City, Okla.

Careful Diagnosis a Professional Duty, E. D. Ebright, Wichita, Kas.

Three Cases of Tumor of the Mesentery, H. E. Pearse, Kansas City, Mo.

Postoperative Ileus; Report of a Case Relieved by Intestinal Puncture, LeRoy Long, McAlester, Okla.

THE DRUGLESS AGE (?)

Some writers would have us believe that this is becoming an age of therapeutic nihilism. Others contend that the profession is simply coming to its senses—and discriminating more closely in prescribing for the afflicted. Dr. Woods Hutchinson, who, by the way, finds writing for the popular magazines more remunerative than the practice of medicine, has written an article for Hampton's Magazine in which he describes the use of drugs, and predicts an early death to all internal remedies. He says: "The old, blind, implicit confidence in drugs is gone, the naive belief that if we could only find and give the one right remedy it would do the rest, like some magic button when pressed.

"In its place is a wholesome, searching skepticism, which demands proof, tests rigidly, rejects mercilessly. Scores of hoary old humbugs have already shriveled in its white light. As our modern physician-philosopher Osler phrases it, 'He is the best doctor who knows the worthlessness of most drugs.'"

The National Association of Retail Druggists is making a strenuous effort to secure legislation making it unlawful for physicians to dispense their own drugs. If such unjust laws are ever passed—laws not for the health of the patient but for the pocket of the druggist—doctors will not be slow to abandon more than they have the use of drugs.

The Medical Summary has this to say on the dispensing doctor:

"There are a hundred sane and sensible arguments in support of the dispensing by physicians, but none why they should not. To deprive a doctor of his privilege of dispensing is to tie his professional hands and very largely inhibit his usefulness. Such a law would be inimical to the public good, and would especially work a dire hardship upon millions of people who are far from being rich. Furthermore, such a law would make medical nihilists of thousands of physicians."

EDISON ON THE CIGARETTE.

Thos. Edison who is sojourning in Europe, has the following to say concerning the French:

"I noticed no new building, but what I did notice was that every Frenchman had a cigarette in his mouth. It is the cigarette that causes their degeneracy everywhere. It is not the tobacco, it is the paper wrapping. The curse of absinthe is nothing compared to that of cigarettes.

"The world ought to follow Indiana in its legislation prohibiting the sale of cigarettes, which are worse than poison. In the common use of cigarettes the combustion creates acrotein. The effect of acrotein on the brain is what physicians call irreversible. A mind deteriorated by acrotein never recovers its normal state."

OUR DOCTORS.

"The late Count Tolstoi loathed physicians," said, at a dinner in Washington, a Russian diplomat.

"You remember how Tolstoi ridiculed physicians in 'War and Peace?' Well, I heard him ridicule three of them to their faces over a vegetarian dinner at Yasnaya Polyana.

"'Physicians,' he said bitterly, looking up from a plate of lentils, 'may be divided into two classes—the radicals, who kill you, and the conservatives, who let you die.'"

Digitized by Google

MEDICAL MEMORANDA

A True Hepatic Stimulant. Chionia is a preparation of Chionanthus Virginica and possesses only the best therapeutic properties of that drug. It has been honored with a great number of testimonials from physicians of all schools, and the consensus of opinion is that it is a most trustworthy hepatic stimulant, when employed persistently in properly selected cases. Physiologically it may be described as a gradual vasomotor stimulant to the bile ducts, and many authorities contend that its use will improve portal circulation and strengthen the lymphatics. Dr. Geo. Covert has aptly referred to it as a "bile persuader," and indeed this describes its action in a nutshell."

Sterilized Solutions for Hypodermic Use.—In view of the pronounced demand for sterile "ready-to-use" solutions of definite dosage, to be administered hypodermically, Parke, Davis & Co. some time ago decided to place a number of such solutions at the disposal of the profession in a form that would make their use both convenient and economical. "Sterilized Solutions in Glaseptic Ampoules" is the term used to designate them, and the company announces about a dozen preparations which it is prepared to supply. The sealed glass ampoule remove the liability of contamination and deterioration, and eliminates the inconvenience attaching to the preparation of a solution whenever an emergency calls for its use. Moreover, it insures medicaments of established purity and strength. Each package contains a small file by means of which the neck of the ampoule is nicked, so that it may be readily broken off, thus opening the container. An ordinary hypodermic syringe is used. To withdraw the liquid, the needle is inserted to a point about midway of the sloping shoulder while the ampoule is held in a vertical position; by this means the solution is removable, we are told, to the "last drop." Our readers are advised to consult the display announcement of these sterilized solutions appearing in the advertising pages of this issue, which gives a complete list of the preparations, as well as some important suggestions for their use.

Therapeutic Activity Plus Palatability.—The popularity of a remedial agent that is therapeutically active and palatable, is assured, for beyond these qualities there is nothing to be sought. These are the features of cordial of the extract of cod liver oil compound (Hagee) that makes it such a favorite with physicians. As a reconstructive and tissue nutrient, it stands the most rigid clinical tests and the prescriber may feel sure that definite results will follow its administration. One of its fields of usefulness is in the protracted convalescent consequent upon a severe infection, such as typhoid fever. Cord. Ext. Ol. Morrhuae Comp. (Hagee) stimulates the reconstructive functions and aids materially in hastening the return to health.

The Cure of Enuresis in Children.—According to some, the cause is a hyperplasia of the central nervous system. The immediate cause is a hyperexcitability of the detrusor vesicae, with relaxation of the sphincter of the urethra, or a lack of development of the prostate and failure of the bladder orifice to close. The therapeutic measures must depend upon the conditions that exist. General hygienic and dietetic measures are appropriate in all conditions. For hyperexcitability of the detrusor, deficiency of the sphincter and lack of development of the prostate causing deficient closure of the bladder orifice, to eight ounces of sanmetto add eight drops of belladonna and eight drops of tinct. nux vomica, and of this one-half to one teaspoonful given before each meal and at bed-time will be found useful. For reflex enuresis the removal of the cause followed with sanmetto.

The Nerve Storms of Women.— The nervous crises of women, which detract so much from their usefulness and happiness, owe their origin, in a vast majority of cases, to irregular or suspended functions of the generative organs, and whilst frequently, the correction of the latter will result in the disappearance of the former, in some instances these remote manifestations of ovarian or uterine disorders may be continued over such a long period that they become fixed nervous wrongs and remain even after the abatement of the initial abnormality. Every physician knows the potent influences irregularity of the female generative organs has on the higher centres and fully realizes the importance of seeking the underlying cause. By reason of wide deviations from right mode of living, ovarian and uterine disorders are far more frequently met with today than formerly and physicians are devoting much of their efforts to a clearer understanding of the functions peculiar to women. Judiciously chosen therapeutic measures will do much to aid in restoring these suffering women to a well ordered life, particularly if dietary and hygienic regimes of a higher plane are instituted. Inasmuch as it is usually the demand for relief from the mental vagaries of this class of patients that sends them to the physician, it becomes necessary at ouce to offer relief for this phase of the diseased condition. As a rule the needs are for nerve soothing and soporific agents. For this purpose neurosine has proven a most efficient combination and is being largely used. Just as soon as control over the mental manifestations of the ovarian or uterine disease is attained, treatment, directed against the latter, must be instituted. As a rule there will be found interference with the menstrual function. To correct this, no more valuable product than dioviburnia is at the physician's command. It is a combination of well chosen drugs which have a correcting predilecting for ovarian and uterine tissues and in conjunction with neurosine, will serve to bring the patient back to normal vigor, the one correcting irregularities of the functions peculiar to women while the other controls the nervous storms which arise as a result of the primary disease.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX ST. LOUIS, MONDAY, SEPTEMBER 25, 1911. No. 6

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL, M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

THE CONSERVATION OF OUR YOUNG PEOPLE.

DENSLOW LEWIS, M. D.

CHICAGO.

During recent years a gradually increasing realization, on the part of the public, of certain deplorable conditions of modern society has prevailed, and, in consequence of the acquirement of definite knowledge a rational attempt for prevention has developed. A presentation of actual happenings among our working people by several magazine writers and novelists, and the continued exhortation of purity workers have now aroused many of our citizens to an interest in matters formerly tabooed as too indecent even to mention. The medical profession has at last appreciated its privilege and duty to give instruction regarding sexual matters. Special societies, devoted to the study of social hygiene and the dissemination of knowledge concerning the venereal plague have been organized. All these endeavors show a consistent effort along the lines of commonsense prophylaxis. Then people are recognizing more and more the inter-relation of all men. The rich man's child dies of a pestilence which originated in the slums and which, by timely consideration, might have been prevented. The young wife becomes the victim of disease contracted in the conjugal embrace, a disease which in the husband had existed unrecognized. The new-born babe is blind in consequence of the father's unsuspected chronic gonorrhea, the young girl is infected with syphilis from kissing a man who shows no sign of disease, children of tender age become pregnant through ignorance of the consequences of the sexual act. These facts and others of similar nature bring us at last face to face with the great dangers which menace every man, woman and child in every community, and an understanding of these dangers forces us, if only for self-protection, to take cognizance of existing evils and to make a determined effort for prevention, especially in the case of our young people.

At first we instinctively look to legislation. We say, "These things must not be; they are too horrible to exist; we must stamp them out; the ax must be laid at the root of the tree" Then we berate our police officials. We ask, "Why do they not enforce the law? Why do they allow immorality to exist?" Then perhaps there comes a wave of so called righteous indignation and the street-walker is arrested, the house of prostitution is raided and the inmates dispersed. The result is that these women are forced on other towns or else they betake themselves to our residence districts. Since they know only one way of earning a livelihood, our children are apt to become their victims, for these women are now our neighbors.

It is needless to consider in detail the methods of the past, because they have all failed most signally. It is folly to continue to hold up our hands in horror and denouncement because the outcome of such action is only too apparent. Sexual evils still persist, abortion and illegitimacy still abound, the venereal diseases continue to be the cause of more morbidity and distress of mind than all other diseases of adolescent life combined. For hundreds of years there has been practically no amelioration of the conditions we deplore.

It is not unreasonable to urge that since all efforts of the past have been fruitless it is, at least, permissible to inquire if there be not some other method of procedure which may offer hope of improvement in the future. Since the failure of all well-recognized methods in the past is acknowledged, it would seem evident that we have

Digitized by Google

not found the great underlying cause and that, for this reason, our best efforts have produced no permanent results. It follows then, logically, I think, that if in our endeavor there is some factor largely responsible for present evils which has not been practically appreciated; if there is an important element, which, in our prophylactic efforts, has been overlooked or not appraised at its true value, it is but wise for us to consider the advisability of changing our plan of action, especially when a new way appeals to our reason and commonsense.

I respectfully submit that the great cause of disease and disaster in our young people is ignorance. I believe that the hope of the future lies in knowledge of the truth and a rational publicity which shall make such knowledge manifest to all. It is my opinion that our failure in the past is due to a disregard of this great need. I am convinced that a proper inculcation of the truth regarding the sexual instinct, the sexual evils and a rational sexual life must result in an appreciation of the dignity of virility, a realization of the desirability of consistent control, and an awakening of the spirit of chivalry which constitutes every man a protector of woman. Such an education will, in addition, demonstrate the folly of a misapplication of this God-given instinct as well as the danger of venereal infection. It will furnish the young man an efficient safeguard against physical and moral injury. It will provide the young girl with a sure defense in time of need. In place then of devoting our efforts merely to punishing the guilty and to enforcing morality by legal enactment—measures persisted in for centuries with but insignificant success—let us give the new method a trial and let us teach our young people the truth so they may know how to protect themselves against dangers that are ever present. This instruction necessitates a statement of the facts regarding life processes which in the past have been but imperfectly considered, if at all, because a false modesty or a maudlin sentimentality on the part of parent and teacher has too often prevented a proper explanation of the most important function of reproduction.

Here then are certain elementary but essential facts which everybody should know. Next in importance to the instinct which demands self-preservation is the sexual instinct which decrees that the race be perpetuated. This instinct finds expression in the sexual act which we may not condemn as vile without insult to our parents. Since the sexual act is necessary to insure the continuance of the species, and since the importance of race perpetuation is greater than the fate of any individual, it is not surprising to observe that the desire to indulge this function is most imperious from the advent of puberty until well towards old age. Indeed, in some instances, even life itself is disregarded, so dictatorial may this impulse become under certain conditions.

Of course, the method of imparting knowledge concerning these facts will vary. The relation between parent and child should be an intimate companionship so that the child may feel at liberty to talk freely on all subjects without fear of rebuff or of misunderstanding. The story of the stork and other fanciful fallacies do harm, for the child soon realizes that the truth is not being told.

I am often asked by parents and teachers just what should be told to the young girl and how it should be told. Many women say to me that they dislike to speak on these subjects to children. As a matter of fact, too many parents are themselves ignorant and others have a fear that a morbid curiosity will induce the girl to do the very thing she is warned against. Then again, there is that feeling of revolt against any consideration of so-called "nasty" subjects and a further desire to keep the child what is called "innocent."

I submit that ignorance is not innocence and that the function that determines the continuance of the race and the existence of children and of home is noble and most important. Moreover, it is impossble for the girl to remain ignorant. The advent of menstruation and the changes due to puberty are necessarily the subject of wonder and concern. If accurate instruction is not given by parent or other person who has the interest of the child at heart, she will learn from her playmates and the information given by her youthful associates is apt to be inexact and misleading. For that reason I favor telling the child that menstruation means the preparation of her body for the exercise of the sacred function of motherhood. She has seen the little yellow chicken break through the eggshell; she is told that, as in the cat, dog, or cow, the young in some animals is developed in the body of the mother. She is also told that this is the case with human beings, that the young is created by married people—a man and a woman—whose child is a part of themselves. For that reason the father and mother love their little girl since she is formed from their own flesh and blood. I

Digitized by Google

have known several pregnant women to tell their children regarding the expected advent of a new brother or sister, and in every case it has been an impressive lesson.

The girl should later be told, without complicating detail, that as she has had her being from the coming together of her father and mother, it is probable, when she becomes a woman and is happily married, that she will also have childern. For that reason it is important for her to do nothing that will injure her health. She should also be told that without the birth of children the race would soon come to an end and that in order to make sure that the species shall be perpetuated the desire for union on the part of the man is very strong. Honorable men, of course, indulge their desire only with their wives, but ignorant boys and bad men often seek only the gratification of their passion with any young girl and the consequences, which should be explained, are most disastrous to the girl who submits.

As the girl grows older, she will read in the newspaper, if no case occurs among her immediate neighbors, of the white slave and the prostitute; she will hear of criminal abortion, rape and venereal diseases. It should be explained to her that the unfortunate victim of man's lust was not told, as she has been told, of the sacredness of the sexual relationship. She should be warned against indulgence in alcohol which impairs the judgment and benumbs the reasoning faculties. She should be cautioned against familiarity with strangers and she should appreciate the danger of affording opportunity to any man. Moreover, she should know that communicable diseases exist and are often contracted in the toilet rooms of hotels and stores and may also be acquired from kissing men or women who have no perceptible sign of disease.

Then the consequences of indiscretion on the part of the girl should be made known. Mention should be made of the double standard of morality, which, disregarding grossest libertinism on the part of the man forever ostracises the woman whose one false step is found out. This sentiment, which is most unjust and wrong, exists today in spite of our boasted advance in intelligence and applies even to the rescued white slave, the innocent victim of design and intrigue. If by some accident the body of a girl were mutilated, if limbs were crushed, if there were horrible disfigurement, there would arise expressions of pity and abhorrence. Such a victim would be the recipient of the tenderest solicitude, our hearts homes, and, if need be, our purses would be open to her. How different if the violence on even one occasion has been sexual! The girl is never the same to us. We forbid our daughters to associate with her; we acknowledge her misfortune, in our hearts we know she is blameless and yet shame attaches to her; she goes through life polluted!

For the protection of the girl, then, there must be adequate knowledge of the truth regarding sex relationship. It is impossible to barricade her against all men. Moreover, it is undesirable, for without association with men, a happy marriage, regarded as the foundation of our social fabric, becomes impossible. Inconsistent prudery has long prevented a proper consideration of this subject. Parents are indifferent because ignorant of the need of such instruction and in our educational curriculum, from kindergarten to university, there is rarely a word uttered in reference to sex. Physiology is taught, its teaching is obligatory in many states, but not the physiology of the whole body. Indeed, in every school text-book all reference to the function of the genital organs is eliminated.

I believe an educational system is faulty that does not teach the great essential truths which alone can prevent disaster. I believe we fail in our duty to the young girl if we do not tell her of the danger that confronts her. Certainly there is no justice in condemnation when no effort has been made for prevention. If the danger is imminent the necessity for timely warning is imperative. False modesty must not deprive the girl of the safeguard afforded by knowledge. Other methods are ineffectual. No parent can stand always by the side of her child to protect her. Social intercourse must occur and constant chaperonage is as impossible as it is impracticable and undesirable. Indeed, any attempt at the restriction of what the girl regards as her rights, any endeavor to deprive her of the privilege of companionship and association enjoyed by other girls of her own age and acquaintance is resented; in many instances such action by parents has caused a reckless abandonment due very largely to revolt at what is regarded—perhaps not unreasonably—as unjust discrimination. It is folly to think the girl can be kept under strict surveillance. Our social customs permit her to go to balls, theaters and restaurants with a young man. There is no way of preventing the opportunity for wrong-doing. The only sure means of averting disaster is by a judicious and frank exposition of the danger. Every girl

Digitized by Google

should know of the possibility of pregnancy and the prevalence of venereal disease. She should understand why man is the aggressor and she should realize that alcohol will impair her judgment and make her forget her caution.

We must also recognize certain social and economic conditions, especially in the case of the working girl, which affects her welfare. Knowledge of the truth regarding sexual life is of first importance, but in addition there must be safeguards thrown around her so that she may not be tempted to disregard this knowledge for the sake of securing what she considers the pleasures of life. There must be an intelligent care of the homeless, friendless girl who earns an inadequate living in a large city. Life to her is in its springtime. She wants something more than employment. It is not to be expected that when her work is done she will retire to her hall bedroom until it is time to go to work again the next morning. She craves companionship of men; she likes the theater, automobile trips and the music in our restaurants. Many a girl of good family pays for her entertainment in the manner that is demanded. I know of eighteen young girls from one school in Chicago, all of whom have within a year submitted to the importunities of boy friends because in that way alone could they secure invitations to society functions that appealed to them.

The great need, after acquainting the young girl with the danger of undue familiarity with men, is to supervise her pleasures so that she may lead a normal, decent life without the danger that exists today in nearly all her attempts to find enjoyment. In place of the vicious dance hall every church and school should provide entertainment for the working girl. She enjoys association with men as she should. Let us see to it that such association takes place under suitable environment. Moreover, we must experience a change of heart in our relations towards this young girl. There has been too great a disregard on our part of our duty toward our neighbor, too selfish an absorption in our personal affairs, too often in our practice an actual denial of the brotherhood of man. If our sense of justice inspires us with a desire to be of service to the friendless stranger, there should be an exhibition of personal interest unattended by patronage or implied superiority. We must appreciate the girl's needs and supply them and we must guard her against the assaults of all lecherous beasts. She should know that she has friends, respectable women friends, who fear no loss of social position in associating with her. If our religion is real our hearts will go out to the lonely one in true sincerity. We will take some little time from our social pleasures to enjoy the privilege of association with the young girl who appreciates our sympathy and who is strengthened in the battle of life by the knowledge that good women, reputable wives and mothers, take a personal interest in her welfare. It means much to the friendless girl who is tempted on every hand. One respectable woman friend may mean her salvation. No honest woman will be hurt by such association. It is a practical lesson in applied Christianity which will make her a better and truer woman. To the girl it means everything. It gives strength and support; it encourages the endeavor to lead an honorable life.

A personal interest on our part in the young working girl will find expression, in addition to the friendly spirit of companionship, in attempts to improve her material welfare in many ways. We will see to it that our merchant princes pay adequate wages so that it is possible for the girl to live without sacrificing herself, and we will not allow her to be discharged because she resists the importunities of her employer or his agent. We will also make sure that her occupation does not injure her health. It were well if the recent action of the International Harvesting Company in providing indemnity to all employees in case of illness, injury, lack of employment and death were universally adopted, for it is well-known that when the income fails, the girl's temptation is increased. It is important to provide more than a lodging place; there should be an attempt at home-like surroundings at a price the girl can pay. This does not mean an institution where undue restraint is imposed; it means a comfortable dwelling place with respectable environment and opportunity for consistent social intercourse. Our factory inspectors should insist on decent privacy as regards toilet arrangements in all workshops and the housing conditions of our poorest citizens should be improved, as far as practicable, so that sanitary surroundings may prevail.

In the case of the boy a timely knowledge of the truth regarding sex is most important. Indeed, if we could succeed in teaching every man the value of control so that continence were the rule, sexual evils would practically cease to be. The awakening of the sexual instinct in the boy is attended by very noticeable phenomena which cannot be disregarded. In the ab-

Digitized by Google

sence of instruction from parent or teacher the boy listens to the fanciful and ill-advised counsel of his schoolmates often with disastrous consequences. He is frequently told that a muscle which is not used will waste away and for that reason his newly aroused desire must be gratified. It is claimed that physicians assert that continence is injurious to health. No greater injustice was ever done the medical profession, for such a statement is absolutely false. Continence in the young is not only not injurious, but is most essential because premature exercise of the genital function in any way is an impediment to symmetrical development, and may result in serious nervous debility. It becomes, therefore, imperative, since the male is usually the aggressor, that the boy know the truth at an early age.

Details of reproduction as witnessed in the flower, the chick, the domestic animals and man should be alluded to. Attention should be called to the bull and the ox, the stallion and the gelding to demonstrate the importance of the testicle in the plan of development. Mention should be made of the internal secretion—called spermin—which determines a proper evolution of all functions of the body and which may not be wasted during youth without interference with the process of development. The boy should also be told about the spermatozoa or male element in the scheme of human fertilization and the necessity of abstinence should be explained so that when he becomes a man he may take his place as the head of a family and become the father of healthy children. For this reason masturbation and premature intercourse are most injurious.

Furthermore, the boy must know about the venereal diseases if he is to avoid them. He must be instructed regarding the imperious force which, to insure the perpetuation of the race, makes the ignorant man insistent. He must be told that the impulsive boy who has not been warned as he has been warned, risks the danger of disease as well as injury to his own person in its development whenever he wantonly exposes himself. The serious nature of these diseases should be made plain to him. Gonorrhea often persists for years after the patient thinks he is cured and the wife may be unknowingly infected. Syphilis, even when treated systematically, may break out years afterwards or be transmitted to children. The unfortunate prostitute sooner or later becomes diseased and spreads the disease. In this connection it will be well to emphasize the fact that the use of alcohol makes a man careless and reckless.

The instruction for the boy's protection should be supplemented by a description of the dire results that fall to the lot of the young girl who is persuaded to consent. In addition to the disastrous consequences he is exposed to there is for her the probability of pregnancy, the danger of criminal abortion and the certainty of disgrace. These considerations, together with others already referred to, should make the boy pause before indulging in sensuous gratification. Moreover, he should realize the manly privilege of being the protector of the girl and he should ever exhibit that chivalrous sentiment of honor which he would wish shown toward his own kinswoman.

This outline of a plan to impart at an early age to every child a helpful knowledge of this most important or all functions is believed to be entitled to thoughtful consideration as an efficient means—indeed the only practical means—for the conservation of our young people. Of course, other means which suggest themselves are valuable adjuncts. The aid of religious instruction, gymnastic exercises, the direction of thought into proper channels, hygienic and sanitary measures, the inculcation of principles of morality—all these are of use. Nevertheless, all these means fail—they have been tried for centuries without permanent success—unless there is taught in addition, and first of all, the truth regarding sex relationship and reproduction. The details of a propaganda of this character will develop gradually as our efforts for enlightenment increase. In regard to this subject dense ignorance and marked indifference prevail on the part of nearly all parents, teachers and clergymen, and an appreciation of the need of such instruction has existed even in the medical profession only during the past few years.

Theoretically every parent should be able to talk sensibly to his child—practically the present generation of parents will pass away before many of them can be made to realize the need and learn the method of imparting consistent knowledge. This much all parents can do today: They can tell the truth as far as it is known to them, they can cease deceiving the child by fantastic impositions, they can make use of pamphlets issued by different societies of social hygiene. Teachers can inform themselves regarding the physiology of reproduction and can give common-sense advice when appealed to by their pupils.

Every board of education should provide adequate instruction by competent instruct-

Digitized by Google

ors—preferably medical men whose authority to speak each child will recognize. There might be a supervisor of sanitation, if the title is satisfactory, in charge of this special work. His duty should be first of all to teach the teachers. In connection with the study of physiology he should see to it that all teachers become competent to give instruction in sexual hygiene. He should also make sure that every child receives proper information. It is unnecessary at this time to determine regarding details. The general plan should be adopted and experience will show when class instruction is desirable and when individual conference is preferable. Minor details will receive attention as the new work progresses. Evening lectures to parents suggest themselves as an efficient aid to the teacher's efforts, and it were well if provision were made for supplying our clergymen with actual knowledge of existing conditions. Knowledge of the truth should be diffused throughout all classes of our society by lectures, by demonstrations, by the distribution of pamphlets and by conferences. Mindful of the danger which is imminent, let us combine in a systematic defense which can only prove effective by an exposition of the truth.

108 North State Street.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER X.

As I sit a-musing I chance to glance at a small spool on the mantel, containing one hundred feet of "life-line" less than an eighth of an inch in diameter, but tested to 300 pounds tensile strength. I know this is a fact because I have seen the line tested, inch by inch, yet I fear I should hesitate to use this cord as a means of exit, in case of fire, from an upper story.

Is it any wonder that our patients should express some hesitation and doubt as to the efficacy of simple things, things so simple that they seem worthless or at best bruised reeds in time of trouble? For we ourselves are apt to look askance at simple things, doubting their efficacy, or disdaining to use them simply because they are simple.

Take bicarbonate of soda, for example, for burns or scalds. It is an excellent remedy. But your patients expect something more out of the ordinary than a remedy from the pantry shelf. They want it from the druggist's shelf. So we write for Carron oil, or picric acid solution, and thus impress our patients more if we do not benefit them more.

It is human nature to long for pretence and show. The druggist who has the largest plate-glass windows, the largest soda fountain, the greatest display within and without, is the most popular.

The druggist who dispenses your prescriptions in clear-glass bottles, with capped corks, and other frills, is thought more of, and consequently has a larger trade than one who puts it in cheap, green glass bottles, and wraps it in a scrap of newspaper, although the latter may be far more scrupulous in the compounding and conscientious regarding the purity and quality of the ingredients.

The doctor who lives in the 'swellest"-front house, who has the latest model of automobile, who dresses in the latest style, who makes the greatest display, will have the largest list of patients, if not the wisest, but of this more anon.

The doctor who prescribes drugs not in the common list, as commonly known, will gain a reputation for knowledge and progressiveness. But he who neglects to write a prescription for sodium chloride, C.P., and aqua destillata, when he desires to use a solution of salt, but merely asks for some salt and water from the kitchen, is apt to be branded with contempt and called an old fogy, away behind the times, who has not gone beyond the age of simples.

The public, in fact, does not want to be commonplace or economical in sickness, say what they may. They will put off calling the doctor until the eleventh hour, but when they do call him they want to get their money's worth of attention.

In the urgency of acute illness all care for appearance is cast aside, nor do they question the means. But let the danger pass, let the crisis be o'er, and convalescence ensue, and all the innate pride for good appearance manifests itself in the best nightgown for the patient, the best spread and comforter for the bed, and numerous useful, more often uselessly ornamental acessories deck the table and otherwise adorn the room.

Should we ask the reason why this is done we should be indignantly told it was, of course, for love of the patient, that daintiness of environment is a powerful adjunct in the recovery of the invalid, a senti-

Digitized by Google

ment which cannot be denied, but it is also true, although the statement would meet with indignant denial, that it is partly for effect, to impress the doctor and sympathizing visitors with the display.

Realizing this, the doctor who is politic will take due notice of this weakness of human nature and notice some of these adornments of the sick-room, with a true-hearted note of admiration, if he wishes to impress a good opinion of himself upon those with whom he comes in contact in his daily routine. For good opinion is reciprocal.

Moreover, patients and their friends will take due notice of the physician who is well equipped with conveniences, useful, if not necessary, but of a more or less attention-attracting character.

In the practice of medicine, as in other things, it is not the man who is "just like other folks" that gains fame, it is the one who is "different." Not ostentatiously so, but just sufficiently different to make folks "sit up and take notice."

A chronograph watch, for example, with its long sweeping second hand, is not only desirable for its usefulness in "taking the pulse," but folks will say of the doctor who has one, "he is so accurate and painstaking, he has a doctor's watch for counting the pulse" and the neighbors who hear his gossip will think they would like that kind of a doctor and when in need will govern themselves accordingly. Nor is such a watch and similar things within the reach of the wealthy practitioner only, for a good watch with a "timing second hand" may be bought for $5.75. Certainly the benefit therefrom is worth more.

Further Criticism of Salvarsan.—H. C. French, in the Lancet for June 24th, supplements the sharp criticism of salvarsan made recently by Jonathan Hutchinson in a series of conclusions which he says are not so much for the prosecution of the new arsenic compound as in defense of mercury, which has stood the test of centuries. The writer points out that a large number of cases of syphilis are very mild, and often do not relapse, even if no treatment is given, while the bete noire of syphilitic subjects, tabes dorsalis, occurs only in one-fifth of one per cent of cases. As to mortality, the statistics are all in favor of mercury. French considers it quite unjustifiable to use salvarsan in place of mercury during the first six months after syphilitic contagion.—N.Y. Medical Journal.

SELECTED ARTICLE

THE MODERN MANAGEMENT OF PNEUMONIA.*

SIMON BARUCH, M, D.

NEW YORK

Pneumonia stands today a dread menace to human life. Nearly ten thousand victims are sacrificed every year to this disease in New York City. Other cities present a similar record, and the country districts add enormously to this holocaust. Physicians are therefore impelled to study and reflect upon the reasons for this impenetrability of mysterious exception to all other diseases, most of which have yielded to advanced medicine. In the privacy of our family, let me say that oft-repeated survey of my own therapy has brought the conviction that the reason may be found in the erroneous management of the disease by the average practitioner.

Let us review the phases through which the therapy of pneumonia has passed during the half century of my professional activity. During my student days pneumonia was regarded as a malady which destroyed life by interference with the respiratory processes. The lung was crippled by inflammation—inflammation was the enemy to be attacked with might and main. And right royally did our forefathers, and for that matter my own contemporaries, including myself, rush into the fray. Bloodletting, antimony, mercury, blisters, veratrum viride, combined with abstinence from nutritious food and cold drinks, were the weapons that were marshalled to weaken the enemy and route him. Unhappily these weapons also weakened and routed the patient. Those of you who have studied and practiced in this happy era can scarce conceive how helpless the physician was in those days in the presence of a severe case of pneumonia. The active campaign he was taught to enter upon imbued the mind of the neophite with the might and power of medicine. It was not long, however, before the conscientious observer was disenchanted when he found his cases dying in large numbers despite his active medication. I have personally seen in the second Alabama Hospital in this city, sturdy soldiers succumb under too assiduous treatment; often with evidences of beginning resolution sudden failure of the vital powers ensued. This was the fashionable phrase at that time as heart failure is today.

Sad experience gradually trained my clin-

*Reprinted from the Old Dominion Journal of Medicine and Surgery, July, 1911.

Digitized by Google

ical judgment to abandon cupping and to substitute veratrum to subdue the rapid and tumultuous pulse; quinine and aconite, morphia and small doses of tartar emetic became the stock remedies, from which I hoped to obtain results without the serious depreciation arising from venesection. So fatal was the disease that I no longer entered the fray with a stout heart. A cowardly pessimism would have overwhelmed me amid the continuous fatalities of the disease had not my earliest medical activity been cast in the army at a time when life was accounted of little value, and thousands were sacrificing it on frequent battle fields. The winter of 1865-1866 was spent in the libraries, hospitals and dispensaries of New York City. Here the teachings of Hughes Bennett and Thomas King Chambers and of our own Austin Flint were a revelation to me. Among the advanced medical men whom I daily met, such as Loomis, Flint and Hudson, the expectant treatment became the vogue. Pneumonia must be left to nature—nature must not be thwarted—and lo, the results were astonishing under strict expectancy when compared with the results under the spoliative practice. But where was the doctor, unless he were a homeopath, who would stand idly by and see nature do the work for him? Where was the patient who was content to pay a doctor for watching nature cure him? Only a few great and courageous men could thus brave tradition and public sentiment. The homeopath now had his innings in the large cities; while he was plying the sick man with minute and infinitesimial doses and inert dilutions, the conservative powers of the organism were allowed free play. This was the victorious era of the homeopaths, for these were not the mongrel homeopaths of today, but the true followers of Hahnemann. They applied no powerful remedies when necessary to subdue pain or meet symptomatic conditions; they confined themselves to medication which to us is known to be inert. The so-called allopath was severely criticised and maligned by his step-brother. The former still felt the need of active medication. He could not disenthrall himself from the traditions of his calling. While he refrained from the spoliative measures in vogue in the middle of the last century, he poured in calomel, quinine, small doses of aconite to subdue the inflammation; he calmed the sleepless patient with morphia or chloral; wrapped him in a hot poultice or warm cotton jacket; fed him with milk and broth instead of gruels, and stimulated him when a fatal termination seemed imminent. This was termed the expectant treatment, and expectant it was indeed, in the sense that I personally expected some complication or failure of the vital powers to turn up at any time, and I expected, too, to be powerless to meet it.

Bleeding fell into desuetude, blistering and mercurialization were gradually abolished also, even medication became less active, but the purely expectant method of Hughes Bennett never became popular; each practitioner felt called upon to substitute a more active and damaging treatment, especially when the powerful coal tar preparations came into vogue. Now the solution of the problem seemed at hand. The pulse could easily be controlled by veratrum viride; its rate could be reduced to normal; the temperature could be reduced to nearly normal by antipyretics; pain could be subdued by morphia; sleeplessness by chloral, strength could be sustained by concentrated foods, and the vital powers could be spurred to activity by stimulants.

Alas, despite the physician's absolute control over every manifestation of the disease, the patient too often succumbed. Despite all out-vaunted progress, pneumonia is today the most fatal disease next to tuberculosis. Why is this? The chief reason lies in the disregard of the teachings of history, which clearly show that so long as the disease pneumonia was attacked by the physician and the only so-called improvement was sought in new remedies to throttle the disease, so long has its fatality continued and so long will it continue.

Several years ago an editorial in one of our prominent medical journals appeared with the caption, "Is Pneumonia Incurable?" After referring to the enormous mortality of the disease (over 50 per cent) in the Philadelphia hospitals, the writer asks, "Is this dreadful waste of life inevitable?" "Or is it the direct result of the nihilistic teachings of those who doggedly refuse to listen to the assertion of others, as acute as themselves in observation and as honest in purpose, who claim that medicine is not powerless and that pneumonia has been, and often can be, cured without waiting for the crisis on the seventh or ninth day. Let us hear some of these competent observers that Osler and others have incontinently thrown out of court." The writer then reviews the bleeding method "under which the mortality was not as large as it is today," the calomel treatment of Camman and Leaming, the sweating treatment of McArthur, the cold pack treatment which he attributes to me and others, the chloroform treatment of A. H. Smith,

Digitized by Google

creosote treatment of Beverly Robinson, Thomson and others whose credibility cannot be impugned, the iodide potash treatment of Altschul and the quinine treatment of Solis Cohen. He concludes that inasmuch as these competent observers are probably not all wrong, pneumonia is not an incurable disease. Such false deduction has been the source of all the errors in the discussion of this subject from time immemorial. Let me utilize as an illustration the method which this able and earnest writer does me the questionable honor of describing as the "cold pack treatment of Baruch." This is but a repetition of the too common error of regarding one element of the treatment rather than the principle which should guide to a correct and effective therapeusis. How far my method is removed from a "cold pack treatment" you shall presently have an opportunity to judge. The most fatal error, however, lurks in the statement that the success of the methods mentioned rests upon the fact that they cure the disease without waiting for the crisis. This is certainly not true of my cold pack method; though the latter is cited to demonstrate this untenable proposition. If there is anything positive in medicine it is the fact quoted with so much honest sorrow by this editor that "pneumonia is a self-limited disease which cannot be aborted or cut short by any known means." I would most earnestly urge that the recognition of this fact by the entire medical profession would prove the most potent agency in the diminution of mortality from pneumonia. The continued fatality of this disease, despite the great advances in medicine, is, in my opinion, chiefly due to the search for specifics which again and again has proven futile by reason of the fact that this disease is self-limited.

To treat the patient and not the disease would seem to be the lesson inculcated by history. A retrospective view of my personal experience and observation of the practice of others convinces me that pneumonia is not to be treated as a disease of the lungs, but as a diplococcus infection of the entire organism, and that our entire aim should be to enhance the patient's resisting capacity to the toxasmia induced by the diplococcus invasion, just as is done in typhoid and other infectious fever. Keeping this idea steadfastly in view, pneumonia therapy demands a more emphatic recognition of the vis medicatrix naturae. To enhance the latter by such procedures as may protect the organism from harm and to further the conservative processes residing within the body by physical methods; seconded if need be by mild and innocuous medication has been my therapeutic aim during the past twenty years, and, I may say, that the clinical results in private and hospital practice have been eminently satisfactory.

Among the conflicting views of this subject we may regard it as settled that the Fraenkel-Sternberg diplococcus invades the lung primarily and sets up an inflammation. The organism attempts to limit the extent of the latter, but the peculiar structure of the pulmonary tissue and the habit of the diplococcus to multiply rapidly impresses this process with peculiar tendencies.

The life and death processes of the rapidly multiplying diplococcus cause the production of toxic materials which seriously affect the central nervous system, the heart and the excretory processes. This is the chief lethal factor in pneumonia, and not, as was formerly taught, the interference with the oxygenating function of the crippled lung. The truth of this view is proved by the fact already cited, that while a few hours before the crisis is established in this disease the patient's life seems in imminent peril, his temperature high, his pulse rapid, his face cyanotic, his vital powers prostrated, gasping for breath with distended nostrils, and just a few hours after the establishment of crisis all is changed. Temperature, pulse, respiration are almost normal, despite the fact that the affected part is still impervious. The diplococcus infection has reached its natural termination; the manifestation of pneumonia being due to the latter have ceased, but the lung still being filled with exudates is still crippled, and yet the breathing is but slightly embarrassed. Nature has accomplished a miracle which human ingenuity with all its boasted progress has failed to imitate.

Pneumonia is really not any more a lung disease than is typhoid fever an intestinal diseases. It is characteristic of the Sternberg-Fraenkel diplococcus to expend this primary force upon the lung. It is characteristic of the Eberth bacillus to affect primarily the Peyer's patches. In many respects there exists striking analogy between the two diseases. Like typhoid fever, croupous pneumonia is rare in very young children, and most fatal among the middle aged and vigorous. Its prognosis is seriously affected by the patient's previous habits and mode of life, alcoholism, etc. Both have a definite course, differing only with the difference in the nature and mode of development of the etiological micro-or-

Digitized by Google

ganism. In pneumonia considerable time is required of the lung to resume its healthy, natural condition after the serious manifestations of the disease have ceased; in typhoid fever the intestinal glands continue tender and perhaps ulcerated after the fever has ceased, so that great care must be exercised regarding diet, etc.

The favorable results of the modern management of typhoid fever has led me to adopt a similar management of pneumonia modified, however, by the special features impressed upon the latter by the difference in the characteristics of the diplococcus infection—its origin, location, rise and decline, and the quality of toxemia induced by it.

Allow me to state briefly the elements of my present management of a pneumonia case. Let me premise that the method, if such it be, is an evolution resulting from many sad failures and disappointments from other methods.

1. *Absolute Rest.*—This should not only be advised, but the perfunctory execution of the order must be prevented. The family may be assured that the disease will be one of short duration, and that it is imperative to place all the resources of the household at the disposal the physician. The best room in the house or apartment (especially in the latter) must be selected, where the patient may be completely isolated from the family and friends under the care of a nurse or a member of the family. He must not be allowed to leave the bed for any purpose. All mental and physical effort must be avoided. This is no easy task for the attendant we all know. The use of the bed pan and the urinal will be especially resented. I have in mind a prominent colleague in San Antonio, Texas, whom I saw during a brief sojourn in that city while enroute from California. Although the patient was so ill that his life was despaired of, he could not be prevailed upon to use the bed pan until I pointed to the fact that his pulse was accelerated and enfeebled after each visit to the toilet. I attribute his recovery from desperate straits as much to his obedience to the injunction to avoid exertion as to the other elements of the treatment.

2. *Ventilation of the Sick Chamber.*—This also demands the personal supervision of the physician. Repeatedly have I examined the windows and found them opened a few inches and the opening closed by a neatly fitting shade. In very cold weather the nurses may be guided by their own sensations in executing the order for free ventilation. It is well to direct that the nurses protect themselves by extra clothing; the patient is protected against cold by the febrile temperature and a night cap and blankets may satisfy the relatives on this point. I do not approve of placing the patient under a window, or as is now quite the vogue in my city, on a veranda, roof, or fire-escape. There is no doubt, however, that the free admission of oxygen by thorough ventilation during the early course of the disease prevents the need of oxygen inhalations in its later stages, because it enables us to add to his resources for resisting toxemia.

3. *Food.*—Inasmuch as the patient is usually attacked in the midst of health and the duration of the disease is not long, I have adopted a moderate diet. Clinical experience teaches that in many severe types of pneumonia there occurs intestinal distension which so embarrasses the patient that sleep is impossible, and often hastens a fatal issue by interfering with respiration and disturbing the heart. It is important, therefore, to so arrange the diet that fermentation be prevented. Four ounces of broth into which a teaspoonful of barley jelly has been stirred, alternated with four ounces of hot milk taken in spoonfuls and slow sips every two or three hours, suffice during the entire period of the disease. During convalescence and after the crisis, the diet may at once be made liberal. The dread of not sustaining the patient's vitality has too often led me to ply him with concentrated foods which have served to handicap him rather than aid him in the struggle. Sleep should never be interrupted for any purpose, provided it be normal. It is my rule in all acute diseases to omit baths, compresses, medicines, food and drink during normal sleep.

4. *Drink.*—The systematic drinking of very cold water is important. The nurse is directed to administer a few drops of some placebo (usually a teaspoonful of chlorate of potassium) solution in two to four ounces of ice water every two hours. The quantity actually taken is to be made part of the record. The action of ice water upon the gastric nerves and vessels is the same as its action would be upon the skin; it refreshes it by the local shock and consequent reaction it increases diaphoresis and diuresis. I have often seen the urine doubled, and in one case of pneumonia the twenty-four hour record was 110 oz. That this method of administering ice water is far more effective as a diuretic than larger

Digitized by Google

quantities of warm water is an important fact not generally recognized.

5. *Stimulants.*—In this scheme of pneumonia management the application of stimulants is rarely necessary, except in persons who are accustomed to its habitual or frequent use, and to whom it is as necessary as food. Among many illustrations of this practice I may mention a consultation case of grip-pneumonia, the patient being sixty-five years old, a diabetic, and the urine giving acetone reaction. Both lungs became successively involved, the case became desperate, and yet the management here outlined sufficed to carry the case to a favorable issue. Of course the acetonuria was met by large doses of bicarbonate of soda per rectum. In a case of pneumonia in my own family, two teaspoonfuls of brandy were given occasionally to cheer the despondent patient (by suggestion). This was the only stimulant administered, although the case was of desperate type. Patients accustomed to alcohol may receive one or two ounces of brandy every three hours, according to their previous habits. The prognosis in these patients is almost always fatal, because their peripheral vessels have been enfeebled by dilation produced by alcohol, and their nervous system deprived of capacity to respond to cold applications.

6. *Medication.*—I still pursue the custom learned in these halls from that splendid practitioner, Dr. ———Tucker, to open all cases of pneumonia with eight or ten grains of calomel, for the purpose of clearing the decks for action, as it were. The calomel is administered dry upon the tongue and washed down with water. How much may be contributed to the good result by the well-known property of mercury of destroying the diplococcus, which is most abundant in the mouth, I am not prepared to claim. Several copious stools result; if these are absent, they may be furthered by citrate of magnesia administered six hours later. Calomel is probably the best intestinal antiseptic we have. All fermenting material being thus removed from the intestinal canal, the distension which so often handicaps recovery in the advanced cases of pneumococcus toxemia is prevented. Small doses of calomel—one-tenth of a grain frequently repeated, which are so much in vogue, irritate the intestinal canal and disturb rest by their frequent administration. Strychnia is sometimes useful when the first sound of the heart becomes feeble. It should be administered by the physician hypodermically in doses of one-thirtieth grain, unless slight trismus is noticed it is inert. The precordial ice bag, intermittently applied, is superior to strychnia as a cardiac tonic. It should be removed every half hour for fifteen minutes. Small doses of the coal tar preparations are often used as calmative agents when the restlessness is due to high temperature. One dose of six grains of antipyrin once in twenty-four hours is far more useful, and certainly more safe, than chloral or sulfonal. The routine application of antipyretics for temperature reduction is damaging to the heart and excretory organs, but the infrequent administration of one dose to allay restlessness due to high temperature is valuable. The mouth should be kept clean and sweet by gargling with a saturated solution of chlorate potash every hour.

(To be continued)

The Canadian Journal of Medicine and Surgery.—In its September number the Canadian Journal of Medicine and Surgery has presented its readers with an issue well worthy of remark. Aside from the usual number of pages of excellent text this issue contains some forty pages of illustration which includes many views of the land in which this journal is the foremost medical publication. The Canadian Journal of Medicine and Surgery is always interesting, and in this number it has fairly outdone itself.

Tuberculosis Sanatoriums in Canada.—Dr. Charles D. Parfitt, Gravenhurst Ont., reports in the Dominion Medical Monthly for August that there are now more than twenty tuberculosis sanatoriums in Canada. The movement was initiated in 1897. Twelve of these sanatoriums are in Ontario with a capacity for 547 beds, and treated during the last year 1,421 patients. It is estimated that there are at present in Ontario 10,000 cases of active tuberculosis and that 171,000 of those now living in the province will die from tuberculosis at the present rate. The death-rate from tuberculosis has diminished in Ontario and this, Dr. Parfitt believes, demonstrates and shows the value of sanatoriums. In 1897, when the sanatorium movement began the death-rate was 150 per 100,000, while in 1908 the rate from this cause was reduced to 112 per 100,000. The percentage of death from tuberculosis in 1908 was 7.7, which compares favorably with the rate of 11.0 which was reported in 1901.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

A Needed Municipal Department.

Recent developments in the affairs of the State and Nation have emphasized the importance of food supervision on the part of properly authorized officials, not only by the Nation and by officials of each state, but by the individuals municipalities. It is a somewhat surprising fact, which a study of the plan of civic government makes evident, that this very important influence in civic welfare is given but slight attention, being relegated as a side duty to an official who is not dignified with a department, and who has but limited authority and indifferent assistance at his command. The need of a food commissioner and a department to look after the interests of the people in their desire to secure and ingest only proper foodstuffs is very evident; it seems to us quite as imperative as was the demand which gave us a Water Department and a Street Department and a Health Department. The time has arrived when the menace of spoiled, chemically preserved, adulterated and contaminated foods must go. Our Health Departments are too fully occupied with the problem of civic hygiene to afford the food proposition a small part of the attention which it deserves. At the beginning of this long, hot summer, which is drawing to a close, it was announced that foodstuffs offered for sale in St. Louis must be screened and protected against contamination, the few places where such screening was done were and still are noticeable as something out of the ordinary. For years the companies which have supplied St. Louis with milk have indulged in frequent and ardent self-laudation over the excellence of the milk which we were receiving; a memory of real country milk caused us on more than one occasion to object to the city product, but whether it was the city chemist or the company chemist it mattered not the milk was considerably better than we had any right to expect! The government food inspectors have come to St. Louis, and are raising havoc with the dairies, they are finding things as they are and with proper co-operation on the part of the city government will make them what they ought to be. But what St. Louis and every municipality needs is a department which shall have authority over all food supplies, which shall work in harmony and under the authority of state and national bodies of like purpose. Whether or not St. Louis wishes to be one of the pioneers in this is a natural question, but there is not a particle of doubt that the signs of the times give evidence that we will sooner or later have to institute just such a department and be governed accordingly.

The Mississippi Valley Medical Association.

Plans are being perfected for the big medical meeting in Nashville, October 17, 18, 19, 1911. The local arrangements are in the hands of Dr. John A. Witherspoon and an able committee. The general sessions, the surgical section, and the exhibits will be held in the Young Women's Christian Association building, and the meetings of the medical section in the assembly room of the Hermitage Hotel. This hotel will be headquarters for the association, and the advance bookings presage a large attendance of medical men.

One feature of the meetings of this association is the large attendance of the women of the members' families, and special entertainment is always provided for the visiting ladies.

The association has adopted a permanent lapel button which bears a medallion of Dr. Ephraim McDowell, the pioneer abdominal surgeon, who lived at Danville, Ky., where the profession has erected a monument to his memory. The name of the association in blue and gold and a white cross make a very attractive design.

This association was originally the Tri-State Medical Society of Kentucky, Indiana and Tennessee, but the scope of its activities was later enlarged, and while its name is of the Valley, it embraces in its membership men from the Atlantic to the Rockies. It has held its meetings in many of the larger cities, from St. Paul to Asheville, N.C., from Columbus and Put-in-Bay, O., to Kanass City. The last meeting in Nashville was held in 1898.

Dr. Henry Enos Tuley, of Louisville, Ky., has been secretary of the association since the meeting held in Louisville in 1897,

Digitized by Google

and Dr. S. C. Stanton, of Chicago, has served continuously as treasurer since 1902.

Among the Southern doctors on the program for the Nashville meeting are the folowing: Louisville—Drs. Louis Frank, Walter F. Boggess, W. D. Haines, E. T. Bruce, Thos. Hunt Stucky; Augusta, Ga.—Dr. Thos. D. Coleman; Asheville, N. C.—Drs. Chas. L. Minor, Silvio von Ruck; St. Louis—Drs. George Dock, Wm. Engelbach, Bransford Lewis; Memphis, Tenn.—Drs. Frank Jones, Frank D. Smythe; New Orleans—Dr. E. M. Hummel; Richmond, Va.—Dr. Robt. C. Bryan; Cincinnati, O.—Drs. Earl Harlan, E. O. Smith; Lexington, Ky.—Dr. J. A. Stucky. The following Chicago men are on the program: Dr. Robert H. Babcock, Alex. C. Wiener, Arthur Elliott, Channing W. Barrett, Wm. Thompson, Fenton B. Turck, Bayard Holmes, Robert B. Preble, Cary Culbertson.

Medical Education Statistics.

The medical profession and the general public has had reason to feel the keen interest in medical education which has been evident during recent years. The "educational" number of the Journal of the A.M.A. (August 19) contained much of interesting information as to present day medical education in America. The following is the pith of the matter presented. The time considered is the year ending June 30, 1911:

There were 19,786 students studying medicine last year, the lowest number since 1900, and 1,740 less than last year. These are divided into 18,414 in the regular colleges, 890 in the homeopathic colleges, 433 in the eclectic and 49 in the physiomedical colleges.

There were 4,273 medical graduates last year, a lower number than was graduated in 1890. The regular colleges had 4,006; the homeopathic, 152; the eclectic, 110, and the physiomedical college, 5. The homeopathic colleges have the lowest number since 1880.

There are 13 less colleges than in 1910, the total now being 120, consisting of 101 regular, 12 homeopathic and 7 eclectic colleges. The last of the physiomedical colleges became extinct a few weeks ago.

Women students constituted 3.4 per cent of all students, as compared with 4.2 per cent last year. Statistics show that college terms are being gradually lengthened. In 1901, 58 colleges had an annual session of only twenty-three or twenty-six weeks each. Now all colleges have sessions of over twenty seven weeks and over 80 per cent have sessions of from thirty-one to thirty-six weeks.

Tabulated statistics of college fees, including matriculation, tuition and laboratory fees, show that 35 colleges charge $100 or less for each student per year, 70 colleges charge between $100 and $175 per year, and 115 charge $75 or more. Some high-grade colleges charge very small fees, and some low-grade colleges high fees. There is no reason, therefore, from the monetary standpoint why students of limited finances should attend low-grade colleges. Among the colleges charging low fees are several strong state university medical colleges. Of the 120 existing colleges, 43, or about 36 per cent, now require one or more years of work in a college of liberal arts for admission, and several others have voted to establish this requirement in 1912. Nine state examining boards have established the requirement for preliminary education of one or two years' work in a college of liberal arts, thereby supporting the better class of colleges which have adopted that standard.

Figures show that approximately $6,000,000 were given during the last twelve months for new buildings, endowments, teaching hospitals and medical research in connection with medical schools. This does not include the additional $3,820,000 given by Mr. Rockefeller for medical research at the Rockefeller Institute.

ST. LOUIS ITEMS

Dr. and Mrs. M. A. Goldstein returned to St. Louis on September 16th from a two-months' vacation spent in Norway and Sweden.

Dr. Albert E. Taussig has removed his offices from his former residence at 3519 Washington Ave., to suite 727-731 Metropolitan Building.

The St. Louis Medical Society, after the long summer recess, resumed its labors on the evening of September 16th. The evening was devoted to a discussion of hemaphroditism and pseudohemaphroditism, a patient in whom the exact sex has not been a matter of uniform opinion on the part of physicians being presented.

Drs. Julian Petit and Selig Simon have jointly opened an office at 318-319 Century Building. At the present there seems to be something of a return of interest on the part of physicians in down-town buildings

Digitized by Google

for office purposes, the tide of exodus which has been strong westward is definitely turning.

Penitentiary Physician Appointed.—Governor Hadley has shown his usual good judgment in selecting an appointee to the important post of physician to the State penitentiary at Jefferson City. The appointment of Dr. A. H. Myerdick insures efficiency and kindliness for those who most need the exercise of those two qualities.

At the last meeting of the Council of the St. Louis Medical Society the following physicians were elected to active membership in the society: Drs. John Lee Marder, 3914 Sullivan Ave; Frederick Oscar Schwartz, 314 Metropolitan Building; Edw. P. Buddy, N.W. cor. Grand and Wyoming; Elizabeth Jamieson, 2513 Bernays Ave., and A. E. Everett, 608-9 Chemical Building.

Dr. H. A. Kirchner.—Dr. Henry A. Kirchner, a well-known St. Louis physician, died at his home, No. 1127 N. Grand Ave. on July 30, 1911, aged 61. He came of a medical family. His grandfather was a chemist, and his father, Dr. H. C. A. Kirchner, whose death occurred only a few years ago, for many years enjoyed a large practice in North St. Louis. His son, Dr. Walter C. G. Kirchner, was until recently superintendent of the St. Louis City Hospital. He was a brother-in-law of Dr. Edward Evers, and a first-cousin of Dr. Charles Simon of Baltimore, the medical author. Dr. Kirchner was graduated from the St. Louis Medical College in 1871, after a brilliant career as a student. At the age of 21 he began practice at St. Charles, where he remained for ten years, and then returned to St. Louis, where he continued in the exercise of his profession until his death. For the last twenty-seven years he had been physician to the German General Protestant Orphan Asylum. He was born on April 9th, 1850.

For painful urination, burning, scanty, cutting sensation, give tincture canthradides, five drops, water four ounces; teaspoonful every half hour.

Urologic Association Meeting. — The American Urological Association is to hold its tenth meeting at Hotel Sherman, Chicago, on September 26 and 27. The advance program indicates a meeting of exceptional scientific interest, and the Chicago profession know just how to care for the social side of the occasion.

TREATMENT

Ocular Complications of Measles.—Brose (Lancet-Clinic) details the following treatment for ocular complications of measles: In optic neuritis, potassium iodide, iron and strychnine internally. In catarrhal conjunctivitis, when mild, you darken the room and either omit local treatment or order a simple collyrium of 2 per cent boric acid with adrenalin. When there is much secretion and gumming of the lids after sleep, an ointment of boric acid may be rubbed along the lid margins at night, and during the waking hours cold compresses of lead acetate and boric acid applied, with instillations three times daily of a collyrium of protargol, 1 to 2 per cent. Should the catarrhal inflammation show tendency to chronicity, you substitute for the protargol an eye-water containing zinc sulphate, one-half grain to half fluidounce of distilled water. For phlyctenular disease, finely triturated calomel is dusted into the eye daily. After the irritation has somewhat subsided you may substitute an ointment of the yellow oxide or the white precipitate of mercury, strength one grain to one and one-half drams of vaseline, for the calomel, care being taken, however, if you wish to avoid irritating the eye too much, to instruct the pharmacist to rub the mercury on a glassplate to an impalpable powder before incorporating with the vaseline. For progressive corneal ulceration, a collyrium of dionin, 3 to 5 per cent with atropin, ½ to 1 per cent, is useful, and it may be necessary before the ulcer is arrested to resort to the galvano-cautery or paracentesis. Hot fomentations of bichloride of mercury, 1 to 5000, are soothing to the eye and promote repair in ulcerative disease of the cornea. For relief of the blepharospasm you may use counter-irritation by penciling the skin around the eye with tincture of iodine or cold immersion through plunging the child's face into a bowl of cold water. General treatment is not to be overlooked, and it is well to begin with calomel in broken doses combined with the yellow sulphuret of antimony. Later, iron, iodine, cod-liver oil and hydropathic measures with exercise in the open air, have their value. Because of the great tendency to recurrence, the diet must be supervised and sweets and starchy foods restricted.

The Abortive Treatment of Gonorrheal Epididymitis.—Paul Asch (Zeitschrift fur Urologie, volume 5, No. 2, page 87) re-

Digitized by Google

marks that an efficient treatment for epididymitis must in the first place prevent the formation of indurated nodules, and must allow the organ to return to its normal condition. If the treatment also shortens the acute stage and relieves the pain, it is ideal. Asch recommends the use of injections of electrargol into the foci of epididymitis. The technique is simple. After disinfecting the skin and painting it with tincture of iodine, one or two c. c. of electrargol are injected into the focus of inflammation with the aid of a very fine hypodermic needle. If the treatment has been applied early enough, a single injection will suffice to abort the process, and within two or three days, the local inflammation will disappear without leaving any induration. In more advanced cases, a second injection is necessary, and if the inflammation has spread to include the surrounding soft part two or three injections are necessary. The healing takes place within from three to eight days but absorption may take two or three weeks. It may be aided by poultices, hot local baths, etc. In no case, however, did complete absorption fail to occur. The only inconvenient features of the treatment is that the pain was increased for a time after the injections, but this disappeared in a few hours, and a feeling of relief is experienced. The author regards electrargol as very valuable in the treatment of epididymitis in fact its early use amounts to an abortive method.

Treatment of Chronic Cystitis in Women.—Henry D. Beyea (International Clinics) says that the patient ought always to be confined to bed. All stimulating foods or drinks should be avoided, where the physical condition permits, an exclusive milk diet is best. A pint of flaxseed tea daily is an old, reliable agent for making the urine bland. When the urine is acid Dr. Beyea has gained the best results from potassium citrate in doses of 10 grains or more, diminishing the dose as the urine becomes alkaline. He also recommends helmitol (15 grains t.i.d.) for its bactericidal effect. Where the urine is alkaline at first, he has found boric acid most useful, given at first in doses of 10 grains, then 5 grains. If no improvement follows after a few days' treatment, the bladder should be irrigated daily, using a medium size soft rubber catheter attached to a small glass funnel by means of a rubber tube and a piece of glass tubing, the whole being about three feet long. First nearly empty the bladder through the catheter and funnel, then fill the latter with a sterile dram-to-pint tepid solution of boric acid, and repeat gentle washing until fluid comes away clear, not allowing air to enter bladder in the process. Then instill an ounce of grain-to-ounce solution of silver nitrate and permit to remain two or three minutes. Intractable cases are usually dependent on indolent ulcers, which can ordinarily be cured by a single cystoscopic application of a strong silver nitrate solution (10 to 20 or more grains per ounce of water).

Goiter.—No form of treatment for goiter, says M. B. Tinker, Ithaca, N. Y. (Journal A.M.A., September 2), has stood the test of time as well as surgery. Its future will depend on our success in convincing the public of its safety, and he offers certain suggestions in this regard. The early recognition and the use of proper measures by the general practitioner before seeking surgical relief, is important. With good physical conditions, the risk of operation is slight but with delay there is danger of complications and the safety of the patient largely depends on the internist who first sees the case. Tinker emphasizes the importance of general thorough physical examination, not depending on any single factor but on the entire clinical picture. The preliminary blood examination he considers of great importance and the x-ray may be valuable in diagnosis. The preliminary study is much more valuable when the findings are compared with those of other workers; the internist, the laboratory worker and the surgeon should all compare notes and use their combined observations to judge the safety of the surgical treatment. Consideration should be given to the conditions as regards rest or fatigue at the time of observation as these may largely affect the symptoms. When operation is decided on the question of anesthesia arises and the risk of general anesthesia administered in an indiscriminated way is great. The fact that local anesthesia is practicable in at least one-third of the cases has led Tinker to prefer it as a routine measure wherever possible. In simple cases where general anesthesia would be free from risk he asks his patients to choose between nitrous oxid and the local anesthesia, expressing always his preference for the latter. Control of hemorrhage is important and is emphasized. These toxic hyperthyroid patients are not at all resistant to infection and the use of iodin is naturally contra-indicated. Especially important is a knowledge of the various possible anatomic anomalies that may be met within the vessels, nerve distribution, etc., and

Digitized by Google

particulars are given in his paper as regards this point. The necessity of the operator and his assistants being well trained to work together is mentioned and he speaks of the disadvantages of the short term internship in many of our hospitals. Unlike some other important operations, it is very possible to divide that for goiter into several stages, and in his opinion the two most important factors concerning the safety of the operation itself are the use of local anesthesia in the desperate cases and the many-stage operation, doing just what the patient is able to stand at the time. To the methods and the cautions mentioned he attributes his success in performing 157 consecutive operations for exophthalmic goiter without fatality in the last eighteen months. A less than 1 per cent mortality he believes can be attained.

The Treatment of Bacillary Dysentery.—F. S. Meara, New York (Interstate Medical Journal, September), in discussing the treatment of dysentery limits himself to that type produced by the bacillus (or group of bacilli) spoken of as the bacillus dysenteriae. Rest in bed which takes away most of the stimulus to increased peristalsis, is desirable in all cases though in the milder cases the patient will often not accede to such plan. In the more severe cases, however, this becomes imperative, and special stress is laid by the author upon the selection and arrangements of the sick-room and bed. Milk meets the dietary requirements better than any other food. The writer's routine practice has been to put the patient on a milk diet, ordering the milk boiled and given every two hours, the patient to take what he will of 8 ounces. When the temperature disappears and the stools have lost their diarrheal character, barley jelly and thoroughly boiled rice, and later toast, then egg and gradually the resumption of normal diet. Water should be given freely and all food must be given warm. A dose of castor oil, from ½ to 1 ounce is especially recommended at the onset of the trouble. Following this the author has found the following prescription especially gratifying probably due to the ol. ricini:

℞ Tr. opii deodorati..... 1.
Salol 2.50
Olei ricini.....10.
M. et Div in capsule No. xv.
S. One every two hours.

For the colicky pains hot fomentations are often of value. Comfort may also be afforded by warm rectal irrigation at 100 deg.—105 deg. F. of physiological salt solution. About 2 quarts may be used at a time, in some cases even more. The irrigation may be followed by an astringent, the best being silver nitrate. It should be used in increasing strengths, 1 to 2,000 at first and increasing up to 1 to 500. If the solution of silver gives great pain it is too strong and may be neutralized by salt solution. The treatment must be intermitted occasionally to let the mucosa recover from any possible irritation by the silver. At times the chronicity of the disease may be due to the irritation these very measures keep up and a cessation of local measures is followed by rapid recovery. If the tenesmus is very severe the following suppository is recommended:

℞ Opii pulveris.....gr. 1
Extr. belladonnae fol.....gr. ¼
Olei theobromatis.....q. s.

When the pain is too great to be relieved by these, morphine hypodermically has to be used. For the diarrhea the author relies upon opium rather than bismuth, for which he has slight regard. The opium need rarely be used in greater dosage than one drop of the tincture every two hours. In convalescence from severe cases much too little use is made of carbohydrates in the dietary. Barley, rice, farina, bread and butter, and cereal soups should all be used. Beef, mutton and chicken and the purees of the vegetables may also be allowed. Under-nutrition is to be carefully avoided.

Smallpox in Alaska is completely under control, according to the report of Dr. M. H. Foster, of the public health and marine hospital service. Dr. Foster, who has recently returned from investigating the sanitary conditions among the Indians, states that he found no cases of leprosy, but that there were many evidences of the ravages of smallpox, whole villages in some cases having been depopulated.

A Free Clinic for Pellagra in Atlanta, Ga.—A pellagra clinic has been established in Atlanta by the associated charities, which will be held Wednesdays and Saturdays from 5:30 to 6:30 p.m. The services of physicians who have made a special study of pellagra have been secured, and the clinic will offer free diagnosis and treatment to all patients who are not financially able to procure it elsewhere. Arrangements will also be made to reach sufferers who are unable to visit the clinic.

Digitized by Google

SOCIETY PROCEEDINGS

AMERICAN PROCTOLOGIC SOCIETY

Thirteenth Annual Meeting, held at Los Angeles, Cal., June 26 and 27, 1911.

(Continued from page 378.)

Non-Surgical Treatment of Constipation.—(By Dwight H. Murray, M. D., of Syracuse, N.Y.)—Dr. Murray stated that chronic constipation and its results was one of the worst of the foes to a healthful human race.

He had never known any medication to cure constipation. As primary causes of all cases of constipation he considered carelessness, ignorance and laziness to be of first importance. The whole medical profession should teach their clientele how to care for themselves, and to train their children in order that constipation could be eliminated by educational and prophylactic methods.

Medicines for the use of constipated people have increased until their number is almost countless. Advertisements which extol particular cathartics exploited by this or that pharmacist, are well nigh bewildering.

He makes the claim that all cathartics finally leave those who use them worse than before. He does not entirely interdict the use of drugs, as there are cases where they must be used, but almost wholly for temporary relief. He says that a mistaken notion exists in the minds of the laity that the feces is composed largely of debris of food. This, however, furnishes only a comparatively small portion of the fecal mass, the larger portion being deposited in the large intestine as the ash resulting from the products of metabolism.

He mentions various exercises, massage, deep breathing, climbing, rowing, electricity, etc., as being helpful in the treatment and cure of these cases.

Sigmoid injections of pure olive oil, castor oil or medicinal paraffin oil were recommended as aids in the treatment.

He said that hours could be spent over the various drugs and methods in detail—after it all we would be obliged to say, that eternal vigilance as to regularity on the part of the patient must be exercised or a cure would not result.

The keynote of his paper is, education and regularity as to periodicity of the first daily stool. Finally he believed that the whole profession had a profound duty to perform for mankind in an educational way for emancipating the race from this insidious foe.

The Surgical Treatment of Chronic Constipation.—(By Louis J. Hirschman, M.D., of Detroit, Mich.)—Constipation is divided into two great classes: the one class being due to a lack of functional activity, i.e., dietetic error, improper habit, neural or trophic influences. The other class, which some of us have been pleased to designate as obstipation includes all cases whose impaired activity is due to mechanical interference with the normal peristaltic movements and expulsive function of the bowel.

Obstipation, or obstructive constipation may be caused by:

(1) The presence of any foreign body occlusion, contracture, hypertrophy or accumulation in the intestinal canal.

(2) Displacements, acute angulations, distensions, neoplasms, adhesions or compressions of the bowel.

(3) Developmental defects and congenital deviations from normal.

Inasmuch as the surgical treatment of constipation, due to easily recognized local conditions, is obvious, they are dismissed with mere mention. Coloptotic constipation represents such a large percentage of cases of mechanical constipation that its discussion involves the most important field of surgery in the treatment of constipation. All patients with ptotic colons are not constipated, nor do all constipated patients suffer from coloptosis. There must be in addition to ptosis of the cecum, transverse or sigmoidal colons, a condition of functional inactivity due to atony of the bowel muscle.

Suspensions of ptotic colons by means of fixation by adhesions to the abdominal wall are unnatural and interfere with peristalsis.

Restoration should be accomplished by shortening the natural support—the mesentery. Lateral anastomoses between the most dependent loops of ptotic bowel is sometimes indicated. Above all, massage, both abdominal and internal rectal, is of primary importance in restoring function, and should be used along with either dietary or hygienic measures to restore bowel function.

Cancer of the Rectum.—(By J. Rawson Pennington, M.D., of Chicago, Ill.)—I take it we are all agreed as to the increasing frequency of cancer. At least it seems to me no other conclusion can be drawn from the following figures: According to the 12th U. S. Census, cancer appears to have increased 12.1 deaths per 100,000 population in the previous decade. In Great Britain, so we learn from the work of Roger Williams, the deaths from cancer increased

Digitized by Google

from 177 per million in 1840 to 885 per million living in 1905. Williams points out that while the population barely doubled from 1850 to 1905, the mortality from cancer increased more than six-fold. Nor is the increase confined to the United States and Europe, it holds good for Japan, India and even for uncivilized countries. In short cancer is one of the several diseases which is apparently increasing, by leaps and bounds, in spite of our boasted progress in medicine, surgery and hygiene. Apart from the increased prevalence, the present death rate from malignant diseases is something dreadful to contemplate. Our anxiety in regard to malignant disease of the rectum is pardonable when we reflect that a good proportion of cancers involve this region. Williams found that 9.6 per cent in males and 5.3 per cent in females were located in the rectum. Is there anything that can be done to check this foe? The writer believes there is, and that this society may be made a powerful factor for good in such a crusade. In Germany a similar crusade has been started against cancer of the uterus by Winters, agitating the subject both among the profession and the laity, it is estimated that the number of cases of inoperable cancer of this organ has been reduced over 30 per cent as a result of calling attention to the early symptoms. Of the 2914 cases of rectal cancer in the male referred to by Williams 2592 patients were over 45 years of age and 2180 of the 2533 female patients. In the male sex again the average age, at which the onset was noted, was 49.7 years, the minimum being 16.75 and the maximum 74; while the female sex the average was 50.4 years with a minimum 21.8 and a maximum of 88 years. This brings me to the crux of my argument, that every person who has reached the so-called "cancerous age" should be examined periodically for evidence of commencing carcinoma not necessarily of the rectum alone but in the female for example, of the uterus, also.

In 120 resections of the rectum for malignant disease W. J. Mayo observes: "It is an unfortunate fact that, in the majority, cancer of the rectum is not recognized in time to obtain a radical cure." I said a moment ago that cancer in the beginning is a local disease. This granted, then early and thorough removal must lead to a cure. It has been shown that a large proportion of malignant growths originate in scar tissue. In cancer of the stomach, for example, the Mayos found that no less than 62 per cent showed evidences of a previous ulcer. In rectal cancer patients frequently give a history of previous operations on the part. Does the cancer occur in the scar left from an operation for hemorrhoids done by one of the commoner methods—ligature, clamp and cautery, or some other technic leaving much scar tissue and sometimes stricture? May it not be occasionally engrafted on the scar following the usual incision method of operating for fistula? Here is a suggestion for us in our own work, secure smooth healing by resorting only to such procedures as leave the minimum of cicatricial tissue, hence, the least possible nidus for possible mischief in the future. With the co-operation of the public it seems to me we should learn much about cancer in the early stages. To eduate the public we must—as has been well said. — "organize, systematize, deputize, energize, supervise and economize." The field is broad and the opportunity is at hand. Shall we grasp it?

Malformation of Rectum and Anus, with Report of a Case.—(By Donly C. Hawley, A. B., M. D., of Burlington, Vt.)—The facts of modern embryology explain a majority, but not all developmental defects of the rectum and anus.

M. B., female, age four weeks, came under my observation in April, 1910. She had an imperforate anus, the rectum opening into vagina in the upper half of the recto-vaginal septum, opening one-half by one-eight inch in size, the longer diameter transverse, was evidently supplied with a sphincter, as the child had three or four well controlled movements daily. Anal depression was present and the vulva and vagina were normal, except as noted. The presence of uterus was normal or otherwise not demonstrated. There was no distension of rectum, no impulse and no prominence in perineum. The child was well nourished and otherwise normal. Operative interference postponed. The child is at present well, and is thirteen months old and weighs 22 pounds.

While this defect is sometimes seen, many cases reported, as atresia ani vaginalis, are no doubt in reality imperforate anal canal with vulvar outlet, a malformation admittedly of common occurrence.

Cases in which intestine opens well up in vagina are not accounted for on embryologic grounds, the two structures being embryologically dissimilar and independent.

Pruritus Ani, with Report of Cases.—(By Donly C. Hawley, A. B., M.D., of Burlington, Vt.)—In this discussion I do not refer to cases due to intestinal parasites, errors in diet, etc., in which the pruritus is re-

Digitized by Google

lieved by proper attention to the causative condition, nor so much to the symptoms as to the pathologic condition of the skin and nerve endings, which condition is pathognomonic.

The nearly constant local cause of pruritus ani is abrasion and ulceration of the anal canal, accompanied by blind sinuses underneath or fissures in the muco-cutaneous lining. Further, some cases are associated with chronic proctitis, which may be a factor in producing or increasing the anal abrasions or ulcerations.

The treatment I have adopted is as follows: With the patient well anesthetized, the anal canal is dilated, and the ulceration, together with the sinuses and fissures, are thoroughly cauterized with the Paquelin cautery, and also the entire area of chronic dermal inflammation. My aim is to destroy ulcerated areas, the thickened and altered skin and the pathologic condition of the terminal nerve fibres.

Case I.—S.H.E., aet. 62., came under my observation June, 108. He had suffered with rectal troubles for 45 years. Twenty years ago he was operated on for fissure or fistula—was not certain which. He has had almost intolerable pruritus for eight years, and for the past year it has been so constant and unbearable, especially at night, that he has become a nervous wreck, and has lost 40 pounds in flesh and has been unable to continue his business.

Diagnosis.—Chronic pruritus ani. The skin was inflamed, soddened and thickened over a large area about the anus, with many deep cracks, and four or five ulcerations and abrasions in anal canal. Treatment as outlined. Result, cure and no return up to present time.

Case II.—W. A., male, aet. 38. History of pain in rectum for twenty years, and of severe and intolerable pruritus.

Diagnosis.—Chronic pruritus ani. There was a large ulceration in anal canal and three or four blind sinuses, with an area of white brittle and infiltrated skin with large cracks about anus. Operation same as in Case I. Result, cure.

Other cases less severe have been operated upon during past three years, with satisfactory results. The treatment outlined is not new nor original, having been advocated by Mr. W. Mitchell Banks, and practiced by Mr. Fred C. Wallis. Ball's operation is designed to render anesthetic the skin over the undercut area. The operation described accomplishes the same end and besides destroys lesions in anal canal. The former operation has resulted in extensive sloughing. To the latter no such danger attaches.

Intestinal Stricture following Ileo-Rectostomy; Report of a Case Read.—(By Frank C. Yeomans, M.D., of New York City, N. Y.)—J. X., a man 46 years of age, was always strong and well, but suffered from severe constipation of many years standing. In October, 1909, an anterior sigmoidopexy was proposed for "prolapse of the sigmoid." Temporary relief followed, but three months later "peritonitis" developed. The same surgeon operated again, freed numerous adhesions, divided the ileum just proximal to the colon, closed the abnormal end and implanted the oral end of the ileum into the rectum. Relief of the constipation was prompt, but when he first consulted Dr. Yeoman, in July, 1910, it had returned in an obstinate form with all the symptoms of a marked auto-toxemia superadded.

The proctoscope passed easily, but no opening could be discovered in the rectum or the sigmoid. An excellent radiograph, by Dr. L. G. Cole, proved the colon and sigmoid to be unobstructed.

Concluding that the feces, following the path of least resistance, were accumulating in the colon, Dr. Yeomans did an appendicostomy at the New York Polyclinic Hospital, December 16, 1910. Irrigations through the appendix relieved all symptoms for ten weeks. Constipation and toxemia then returned, however, and he performed an exploratory laparotomy March 14th, 1911. The ileum ran down into the left side of the pelvis and was lost in a mass of dense adhesions. A broad lateral anastomosis was made between the ileum, just above the adhesions, and the sigmoid. The patient reacted well from the operation, but developed a double pneumonia, 18 hours later, to which he succumbed on the fifth day. The urine was suppressed the last 24 hours of his life. The bowels moved on the second day, and, thereafter, three or four times daily. At the autopsy no peritonitis was found. The specimen removed, consisting of ileum, sigmoid, and rectum intact, showed perfect union of the recent lateral ileo-sigmoid ostomy. The remarkable feature of the old end-to-side ileo-rectostomy was that the opening was so contricted that it would scarcely admit a 16 F. catheter and physiologically amounted to a stricture.

The noteworthy features of this case were:

1. Reverse peristalsis of the colon, evidenced by the large quantities of feces ex-

Digitized by Google

pelled by the irrigations through the appendicostomy.

2. The radiograph was valuable in demonstrating a patent sigmoid and colon, thereby proving that the obstruction was in the small intestine.

3. Failure of the proctoscope to reveal the site of the opening does not discredit the diagnostic value of that instrument but shows the extreme degree of contraction of the opening.

4. The many actions of the bowel signify clearly that the physiological function would have been permanently restored had the patient survived the pneumonia. The practical lesson derived from a study of the case is that lateral anastomosis is superior to end-to-side union, especially in the presence of inflammation.

[To be continued.]

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The twenty-fourth annual meeting of this association was held in the banquet hall of the Rome Hotel, Omaha, Neb., on September 7 and 8. The president, Dr. Donald Macrae, of Council Bluffs, chose as the subject for his address "The Importance of Early and Thorough Examination of Patients." He cited many cases to show that patients often die of obscure diseases, owing to faulty diagnoses, when a more careful examination of patient, at first visit, would succeed in correctly locating the trouble.

Following an excellent six-o'clock dinner at the Rome, at which covers were laid for 150 members, guests and ladies, Dr. Geo. Crile of Cleveland delivered a masterly address upon the "Psychology and Pathology of Fear, in its Relation to Surgery." Dr. L. Harrison Mettler, of Chicago, followed with a classic address on "Sociology and Nerology." Both orations were well received by the large audience present, and a standing vote of thanks was extended both speakers.

An excellent program consisting of twenty-one papers of varied interest was disposed of, and we hope to be able to present abstracts of them in an early issue of the Fortnightly.

The election of officers resulted as follows:

President, Dr. J. M. Bell, St. Joseph.

First Vice-President, Dr. A. C. Stokes, Omaha.

Second Vice-President, Dr. S. Grover Burnett, Kansas City.

Secretary, Dr. Chas. Wood Fassett, St. Joseph (re-elected).

Treasurer, Dr. O. C. Gebhart, St. Joseph.

Next place of meeting, Hotel Colfax, Colfax Springs, Iowa, March, 1912.

Geranium is an unequaled remedy in many cases of diarrhea and dysentery, and is especially indicated in cases in which the patient has an almost constant desire to go to stool.

The Italian Medical Society of New York gave a dinner on Monday evening, September 5th, in honor of Dr. P. G. Spinelli, of Naples, professor of gynecology in the University of Naples, who came to this country to study hospital conditions. More than one hundred and fifty members of the society were present.

When Is a Patient Constipated?—According to Hertz (Folia Therapeutica), the point is decided by giving some charcoal tablets with breakfast one morning and noting when the feces become black. If this has not occurred within two days, the patient is technically constipated. In really severe cases the condition is one of dyschezia (inability to defecate), due to the mucous membrane of the sigmoid and rectum having lost its natural sensitiveness.

New Medical Staff for Wise Hospital, Omaha.—At a meeting of the board of director of Wise Hospital, Omaha, held on August 8th, members of the medical staff for the period from August 15th to January 31st, were appointed as follows: Dr. O. S. Hoffman, Dr. C. C. Allison, Dr. Robert Gilmore, Dr. J. E. Summer, Dr. B. B. Davis, Dr. A. F. Jonas, Dr. J. S. Goetz, Dr. C. W. Pollard, Dr. F. S. Owen, Dr. A. Romm, Dr. A. Sachs, Dr. H. B. Lemere, and Dr. A. B. McDermott.

Electrotherapeutic Association Meeting.—The twenty-first annual meeting of the American Electrotherapeutic Association was held in the College of Physicians, Philadelphia, September 5-7. The following officers were elected: President, Dr. William D. McFee, Haverhill, Mass.; vice-presidents, Drs. F. Howard Humphris, London, Eng., and George E. Pfahler, Philadelphia; treasurer, Dr. Emil Heuel, New York City; secretary, Dr. J. Willard Travell, New York City; registrar, Dr. Frederic M. Law, New York City, and trustees, Drs. Frederick de Kraft, Haverhill, Mass., and Francis B. Bishop, Washington. The next meeting will be held in Baltimore in September, 1912.

Digitized by Google

THE MONTH'S MAGAZINES

Accounted For.—"Were you seasick crossing the ocean, Pat?"

"Oi was turrible sick comin' over, but nivver a qualm did Oi hov goin' back."

"Really? How do you account for that?"

"Sure and Oi nivver wint back, yure Honor."—Harper's Weekly.

In the October St. Nicholas.—Fonsham, in Surrey, England, is perhaps the most interesting village in the world. It is a model village, is perfect in every detail, but all in miniature; and every detail is the work of lads of the Boys' Home of the Philanthropic Society. A full description of this "Miniature Village Built by Boys" will appear in the October St. Nicholas, with many interesting pictures from photographs made by the writer of the sketch, Charles J. L. Clarke, of London.

Chemistry's Part in Industry.—"Some Chemical Problems of Today," by Robert Kennedy Duncan, is published this week by the Harper's. In this new book the author of "The Chemistry of Commerce" makes clear the value of chemical investigation and invention in the field of every-day problems. He emphasizes the necessity of a much closer relation in this country between chemistry and manufacture in which respect we have been left behind by some other nations. Dr. Duncan explains in "Some Chemical Problems of Today" the far-reaching results, as exemplified by the success of the University of Wisconsin in this direction, of university extension lectures and correspondence courses.

"Boosting" the Dinner Bill.—Americans are always willing to pay a little too much for their food. The prices at all kinds of restaurants are continually boosted, sometimes for no reason at all, and occasionally for good reasons. The careless, free-and-easy American grumbles, perhaps, but he "gives up." It is undeniable, too, that prices of all foodstuffs have increased greatly in the last twenty-five years, but it is equally true that prices in restaurants of the highest class, not only in New York, but in all large American cities, have kept well abreast of the increase. At the same time, the portions served have shrunk. It is also a fact that a class of restaurant patrons has come into existence in the largest American cities, except possibly Boston and Philadelphia, that disdains to partake of any dish that does not figure on the menu at an exorbitant price. Customers of this class, usually the nouveaux riches, of native as well as foreign birth, though the later predominate, turn up their noses at, for instance, "eggs with grated cheese, 25 cents," but go into ecstasies over aeufs a la reine, $1," exactly the same dish. Bad examples are contagious, and the enormous increase in restaurant prices in New York and other places is undoubtedly due in part to this class of people.—Frank P. Ward, in Harper's Weekly.

Eversion of the foot, shortening of the extremity, elevation of the trochanter, spell fracture of the neck of the femur. Manipulation is unnecessary to the diagnosis.—Amer. Jour. of Surg.

The Movement of the Population in Germany in 1909.—According to the official statistics just published, there were in the German empire in 1909, 494,127 marriages; this is 6,493 or 1.3 per cent less than the previous year. Also the number of births has diminished. There were in 1909, 2,038,357 children born; in 1908, 2,076,660, so that the number of births has been reduced by 1.8 per cent. The number of deaths has fallen still more, as in 1909 there were 1,154,296 deaths as against 1,197,098 in the previous year, a reduction of 3.6 per cent. In spite of the considerable increase in the German population, the number of deaths is the smallest that has been recorded since the foundation of the empire. For every 1,000 inhabitants there were in 1909 15.48 marriages, 31.91 births and 18.07 deaths; in the previous year these figures were, 15.88, 32.97 and 19.01. The natural increase of the German people or the excess of births over deaths, was 884,061, or 13.84 per thousand of the population. The age of those marrying was, among the men, under 25 in 30 per cent of the cases and in 71.5 per cent under 30 years, and among the women, in 58.2 per cent under 25 years. Of the 2,038,357 births in the year 1909, 97.5 per cent of the children were born living and 2.95 per cent were still-born; 12.8 per 1,000 of the births were plural births; of these 25,893 were twins, 261 triplets and three quadruplets. In all 52,581 children were born in plural births. Of the 1,154,296 deaths in the year 1909, 60,079 were born dead and 335,436 were children under one year. For every 100 born there were seventeen deaths in the first year of life. This indicates a reduction of the infant mortality over that of the previous year, but it is still a very considerable figure in comparison with other civilized countries.—Berlin correspondent Jour. A.M.A.

Digitized by Google

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

In acute catarrh of the intestines showing itself in the summer diarrhea of the adults and infants coto bark is directly indicated, and has been found of great service, overcoming great pain, fever, vomiting and diarrhea.

Three Phases of Ectopic Gestation.—John W. Keyes, New York (Med. Rec.,Sept. 16), summarizes the histories of ten cases of ectopic gestation to show that these cases are always complicated by other conditions, generally inflammatory, of the other abdominal organs. The excision of the gestation sac is necessary, but this should not be the end of the operation. One should examine the appendix and adnexa, and remove these if diseased. Ectopic gestation is quite frequent, occurring about once in every hundred pregnancies.

The healing of a mastoid wound is often hastened by fewer dressings and allowing Nature to do her part in the reparative process.—Amer. Jour. of Surgery.

Pressure from a mediastinal tumor or enlarged tubercular glands will often give rise to an irritative condition of the throat which can in no way be relieved by local measures.—Amer. Jour. of Surg.

Had a Substitute.— Woman — Three ounces of carbolic acid, please.

Clerk—Madam this is a hardware store; but—er—we carry a fine line of razors and revolvers.—N. E. Med. Monthly.

The Conservation of Sight.—J. W. Hervey, Greenville, S. C. (Med. Rec.,Sept. 16,) enumerates the principal sins of mankind against good eyesight. The first of these is the occurrence of ophthalmia neonatorum, when this disease may be prevented by the use of silver nitrate. The second is the pernicious activity of optometrists, who are capable neither of diagnosing disease nor of properly fitting glasses, since they cannot use atropin. The third is the advertising eye-doctor. The fourth is the use of the incandescent gas mantle and electric bulb. The fifth is badly printed books and papers. Next come badly lighted schools, unsuitable school desks, and kindergarten schools before the eyes should be used at all. Last is the antipathy to the use of glasses.

Compound Alum Powder.—

℞ Camphor..... 60 gr.
Carbolic acid.....120 gr.
Dried alum powder.....vi℥

Mix the camphor and carbolic acid in a mortar. When liquefied add the alum and mix thoroughly.

Use: A stimulating and healing application for indolent ulcers, and also used to repress fungus granulations.

Hoarseness.—

Potassii acetatis.....grn. xx
Potassii bromidi..... .grn. xv
Mentholis.....grn. ss
Alcoholis .....fl. ℥j
Syr. tolutani.....fl. ℥j
Aq. camph.....ad fl. ℥iv

M. Sig.: Tablespoonful every two hours, swallowed slowly.

Ammonii chloridi.....grn. lxxx
Dionini .....grn. iv
Tr. belladon.....fl.℥i
Fluidextr. glycyrrhizae .....fl.℥ii
Glycerini.....fl.℥iii
Aquae.....q.s.ad fl. ℥ii

M. Sig.: Teaspoonful every two or three hours.

Digitized by Google

POST TYPHOID RECONSTRUCTION

The blood stream is impoverished ~ the nervous system has lost its tension ~ the muscular structures are in dire need of nourishment. To meet these needs, nothing will take the place of

It is a bloodmaker and nerve tonic in the strictest sense of the term and is plainly indicated as a reconstructive in the convalescence from TYPHOID FEVER

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. *Dispensed by all druggists*

Katharmon Chemical Co., St. Louis, Mo.

KATHARMON CHEMICAL COMPANY ST. LOUIS, MO

IS MARKEDLY EFFECTIVE IN SUNBURN AND OTHER DERMATITES.

It relieves the pain promptly and restores the integrity of the skin. Non-toxic and efficient, KATHARMON has no superior in skin inflammations.

KATHARMON REPRESENTS IN COMBINATION HYDRASTIS CANADENSIS, THYMUS VULGARIS, MENTHA ARVENSIS PHYTOLACCA DECANDRA 10% GRAINS, ACID BORO-SALICYLIC 24 GRAINS SODIUM PYROBORATE TO EACH FLUID OUNCE OF PURE DISTILLED EXTRACT OF WITCH HAZEL

No physician can afford to be indifferent regarding the accurate filling of his prescriptions.

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets ST. LOUIS, MISSOURI

Digitized by Google

MEDICAL MEMORANDA.

Vasectomy has been performed upon several hundred individuals in the State of Indiana. Observations there indicate that the operation is not followed by any bad effects physically upon the growth or development of the individuals subjected to it, and the care of such wards of the State is immensely simplified by it. It very greatly diminishes the practice of masturbation and renders procreation impossible in those subjected to it.

Advantages of Hypodermic Anesthesia.—Lanphear, in the International Journal of Surgery, enumerates these as follows:

Absence of Nausea.—After operation there is absence of nausea and vomiting—a most important thing, especially in abdominal surgery.

Abolition of Pain.—Post-operative pain is conspicuous by its absence. Patients often pass a most comfortable night instead of suffering intensely and sometimes sleep much of the first twenty-four hours succeeding operation, awakening next morning with a demand for food.

Early Feeding.—The desire for food may usually be gratified (except, of course in operation on the stomach and other special work where peristalsis is objectionable) as the secretions are not checked enough to interfere with digestion. This is of great import, particularly when the patient has become weakened before operation and when there has been unusual loss of blood.

Prevention of Shock.—When this form of anesthesia is used, shock is absent unless there is excessive hemorrhage or unless too much ether or chloroform is used. Much of what has been called "shock" in the past was the result of an excessive amount of chloroform and, in less degree, ether.

Freedom from Fear.—A most prominent advantage of this form of anesthesia is the absence of fear or dread of the operation room.

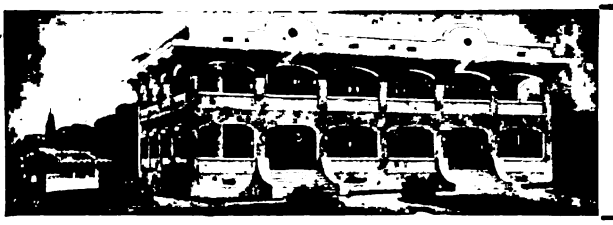
No Anesthetist Essential.—A most decided advantage of this form of anesthesia, and especially of true hyoscine-morphine-cactin (H-M-C, Abbott), supplemented by a local anesthetic (Abbott's anesthaine preferred) when needed, is that a surgeon may perform many operations without the assistance of another doctor. The importance of this in country practice can hardly be overestimated. Curettage of the uterus, repair of cervix, repair of perineum, forceps delivery, operation for strangulated hernia, for appendicitis, reduction of fractures, etc., may be done with this agent plus a local anesthetic.

Economy.—To hospitals, and to many doctors, the cost of ether or even of chloroform is something of more than passing interest. In hospitals, where many operations are performed, the use of even one tablet an hour or so before the patient is taken to the operating-room will reduce the anesthetic bill of the institution one-half or more.

Lessening Labor.—To the nurse this form of anesthesia is a God-send. The relief is not only physical, but mental; no anxiety about post-operative pain, vomiting restlessness, fear and thirst of the patient—all this means much to the conscientious hospital nurse; and the patient who has had both forms of anesthesia can never again be induced to submit to chloroform or ether.

No Interference with Peristalsis.—There is but little, if any, interference with bowel movement. An enema in twenty-four hours usually suffices and even that may not be necessary, for not infrequently there is natural evacuation within the first day, unaided.

Long Anesthesia.—The analgesia continues for many hours. This is of distinct advantage in prolonged, tedious operations. To know that the patient is not being carried to the brink of the grave by too much chloroform or ether is an immeasurable comfort to the operator who has to use a long time in his work.



San Antonio Tent Colony
Diseases of THROAT and LUNGS in All Stages
Individual cottages or rooms in main building. Tuberculin when indicated. Ideal climate. *Literature by addressing*
DR. W. C. FARMER,
Res. Medical Director, San Antonio, Tex.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX · TUESDAY, OCTOBER 10, 1911. · No. 7

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL, M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

CONTRIBUTION TO THE MEDICAL HISTORY OF NAPOLEON'S CAMPAIGN IN RUSSIA IN THE YEAR 1812.

A. ROSE, M. D.

ST. LOUIS.

Everywhere in Europe, especially in Russia, preparations are made to celebrate the centennial of the battle of Borodino fought on the 7th day of September, 1812. In anticipation of this celebration I published in Medical Council of June and August, 1911, an English translation of a most interesting and valuable dissertation in Latin of the surgeon of a Wuerttembergian regiment, Ch. Io. von Scherer who had served through the whole campaign and had submitted in the year 1820 this dissertation, "Historia Morborum, qui in Expeditione contra Russiam Anro 1812 facta legiones Wuerttembergicas invaserunt, presertim eorum qui Frigore orti sunt" to the Medical Faculty, presided over by F. G. Gmelin, to obtain the degree of Doctor of Medicine.

I now wish to present to the readers of the Medical Fortnightly, availing myself of an invitation from its editor to send a contribution, another description of events of that campaign in Russia in 1812 which I have collected from literature, and which I think will be of interest to every physician.

While the dissertation of von Scherer treats on the fate of the Wuerthembergian corps of Napoleon's grand army a memoir of First Lieutenant von Borcke who served as adjutant of General von Ochs in the Westphalian corps relates the fate of the Westphalians in the grand army of 1812.

The Westphalians, 23,747 men strong, left Cassel in the month of March, 1812, to unite with the French army. One of the regiments was sent later and joined the corps while the army was on the retreat from Moscow at Moshaisk, and was, like another regiment, which followed still later and joined the army on retreat at Wilna, annihilated. Of the 23,747 men less than 200 only finally returned. On March 24, the Westphalians crossed the Elbe. von Borcke (it is a common error in American literature to spell the predicate of nobility von with capital V when at the beginning of a period, while neither von nor the corresponding French de as predicate of nobility should ever be spelled with a capital) at that time suffered from intermittent fever, but was cured by the use of calisaya bark. I mention this to remind you of the fact that quinine was not known in the year 1812. When the corps marched into Poland the abundance of provisions, which the soldiers had enjoyed, came to an end. There were no magazines from which rations could have been distributed, and the poor Polish peasants, from whom requisitions should have been made, had nothing for the soldiers. Disorder among the troops who thus far had distinguished themselves by strictest discipline made its appearance. How the army was harassed by the plague of dysentery, how the soldiers were marching during great heat, insufficiently supplied in every way, and how they suffered from manifold hardships has been described in von Scherer's dissertation, to which I beg to refer. The Westphalian corps was in as precarious condition as the Wuerttembergian, as in fact the whole army and the Westphalian battalions were already reduced to one-half of their former number of men. Many soldiers had remained behind on account of sickness or exhaustion, and officers were sent back to bring them to the ranks again.

The whole army would have dissolved if the march had not been interrupted. Napoleon ordered a stay. An order from him called for rally of the troops, for completion

Digitized by Google

of war material, ammunition and horses and provisions, but where to take all these things from? The war had not yet commenced, and the troops were already in danger of starvation. Only with sadness and fear could the soldiers, under these circumstances, look into the future. On July 5th the army crossed the Niemen.

Von Borcke describes the weather during the last days of July, and his description corresponds exactly with the one given by von Scherer: Continuous rain and cold winds; the soldiers sank into the mud. In order to procure victuals, detachments composed of men of all arms, were sent out as far as twenty to twenty-five miles away in the vicinity, who remained absent some times for days. These men were half-starved, and when they had succeeded to finding eatables, they first helped themselves, and little enough did they bring to the camp. Besides want of vehicles for transportation caused another difficulty. The system of requisition degenerated into pillage and destruction.

On August 12, after a repose of several weeks, the Westphalian corps left Ortha and marched into the direction of Smolensk. On this march nothing was seen of Russian soldiery, and nothing but destruction which the Russians had left behind them, more and more with every step. Inhabitants were hardly ever seen, they had flown. What the Russian soldiers had not destroyed, what the inhabitants had not taken along with them now became the prey of the hungry Wesphalians, they pillaged and laid whole villages and towns in ashes, and this should prove of most serious consequences when the army on its retreat from Moscow retraced the route on which they had marched in the summer. Everything in width of several miles alongside the road was destroyed.

In Dogorobusch von Borcke found in a house a wounded Russian officer, in need of everything, who had lost a foot, his wound poorly dressed; von Borcke procured a surgeon and did all he could for the comrade. Great was his surprise when he learned this was a Lieutenant von Borcke, a relative, an officer who had distinguished himself by bravery. He recovered and was alive, holding the position of postmaster in the year 1842.

In the evening of September 6, the Westphalians arrived at that place from which, on the following morning, they went into battle—the battle of Borodino. (This battle is known under three names: the Russians have called it after the village of Borodino, of 200 inhabitants, near the battlefield and have now erected a monument there, a colonade crowned with a cross; some historians have called it battle of Moshaisk after a nearby town of 4,000 inhabitants, and Napoleon has named it the battle of the Moskwa, after a river near the battlefield.) They passed the very cool night from September 6-7 quietly crowded together. With daybreak they received order to put on dress parade and prepare for battle. Officers and men with fingers stiff from cold dressed in their best uniforms, many of them for the last time, and fell into line. The day saw the memorable battle, which the French expected would seal the fate of Russia and end their misery. The soldiers' contempt of life excited horror. I may be permitted to repeat the words from v. Sherer's account:

"In the battle of Borodino the soldiers, void of all human feeling, fought with wild joy like maniacs; they threw themselves on the enemy where he was most numerous; at the assault of a battery each one tried to be first; immovable, they exposed themselves to the fire of innumerable cannon and over hills of corpses they stormed the batteries of the enemy. This certainly was not the manifestation of health and strength, of calculated bravery, but it was a manifestation of the highest degree of despair."

During the day the Westphalian corps was reduced to 1500 men. Napoleon ordered these to do guard-duty on the battlefield, transport the immense number of wounded into hospital, bury the dead and to remain while the army marched and stayed in Moscow. What the Westphalians could do for the wounded was very little for everything was wanting. The hospital system was incomplete, miserable. It is true the surgeons dressed, operated, amputated during, the battle and during the days following a great many wounded, but their number and their assistance was inadequate for the enormous task, thousands remained without proper attendance and died. Means of transportation was lacking, for no wagons could be found in the deserted villages, and for this reason many whose wounds had been dressed had to be left to their fate—to die. The light wounded and those who could crawl away in some manner followed the troops, or went back at hazard to find their death in some miserable hut. Many sought refuge in the nearby villages, sometimes miles away from the battlefield and there fall in the hands of the Cossacks.

For several days the Westphalians remained on the battle-field surrounded by

Digitized by Google

corpses and dying, they had to change position from time to time on account of the stench. The scenes of suffering and distress which the battle-field presented step by step surpassed all description; the groan of the mutilated and dying followed the men on guard even at a distance, and especially was this terrible during the night, it filled the heart with horror. Von Borcke said that soldiers, implored by the wounded, who were in extreme agony, shot them dead and turned the face away while shooting. And soon they considered this as an act of pity. The officers even induced them to look for those who could not be saved, in order to relieve them from their suffering. When von Borcke was riding on horseback over the battle-field on the 5th day after the battle he saw wounded soldiers lying alongside the cadaver of a horse gnawing at its flesh. During the night could be seen flames here and there on this field of death; these were fires built by wounded soldiers who had crawled together to protect themselves against the cold of the night and to roast a piece of horseflesh. On September 12 the Westphalians moved to Moshaisk, which was deserted by all inhabitants, plundered and half of it laid in ashes. During the battle several thousand wounded Russians had taken refuge there, who now, some alive and some dead filled all the houses of the town. Burnt bodies were lying in the ruins of the houses which had been burnt, the entrance of these places was almost blockaded by cadavers. The only church, which stood on the public square in the middle of the town, contained several hundred wounded and about as many dead who had died days ago. One glance into this infected church, a regular pest-house, made the blood curdle. Surgeons went inside, the dead were piled up on the square around the church, the suffering received the first aid, order was established and gradually a hospital arranged. Soldiers, Westphalians as well as Russian prisoners, were commanded to remove the corpses from the houses and the streets and recleaning of the whole town was necessary before it could be occupied by the troops. Although there was only one stone —and hundred wooden—buildings it gave quarter to the whole Westphalian corps. Two regiments, one of Hussars, the other of the guarde—Chevauxlegers' both together not numbering more than 300 men had taken possession of a monastery in the neighborhood. Two regiments of cuirassiers had marched with the French to Moscow.

In the quarters of Moshaisk the Westphalians enjoyed a time of rest while the event in Moscow took place. The fate of those who had remained in Moskaisk was not enviable, but what had been left of the town offered shelter during the cold nights of the approaching winter, and this was a good deal after the fearful hardships, and it contributed very much toward recuperation of the soldiers. Convalescents arrived daily, and such who had remained in the rear; a number of slightly wounded were able for duty again, and in this way the number of men increased to 4,500. Life in Moshaisk was a constant struggle for sustenance. There were no inhabitants, not even a single dog or any other living animal which the inhabitants had left behind. Some provisions found in houses or hidden somewhere benefited only those who had discovered them. The place in the whole was for the hungry a desert. Small detachments had to be sent out for supplies. At first this system proved satisfactory and with what had been brought in from the vicinity regular rations could be distributed. But the instinct of self-preservation had become so predominating that every one thought only of himself. Officers would send men clandestinely for their own sake, and when this was discovered it ended in a fight and murder. Everybody was anxious to provide for himself individually for the coming winter. Sutlers and speculators went to Moscow to take advantage of the general pillage, to procure luxuries, like coffee, sugar, tea, wine, delacies of all description. Notwithstanding the great conflagration at Moscow immense stores of all these things had come into the hands of the French, and this had an influence on Moshaisk, forty miles away from the metropolis. von Borcke was fortunate enough to secure a supply of coffee, tea and sugar, sufficient not only for himself, but also for some friends, and even for some weeks on the retreat. But the supply of meat, and especially bread was inadequate for the mass of soldiers. Ten days had elapsed when the situation of those in Moshaisk became grave again, namely, when communication with Moscow was cut off. Orderlies did not arrive, no convalescents came any more, news could not be had, details of soldiers sent out for supplies were killed or taken prisoner by Cossacks. The retreat of the French army, the last act of the great drama, commenced, as we know, on October 19. Napoleon with his guards arrived at Moshaisk on October 28. On the same day the Westphalians parted from Moskaisk and marched on the well known

Digitized by Google

road over the battle-field. Their number was now 5,000, and they were the advance column on the unlucky road on which they had come two months ago, on which were left the traces of dreadful destruction, of misery and privations of all kind. The Duke of Abrantes had received order to evacuate the hospital in the monastery of Kolozkoje, to take along all transportable sick, and in want of vehicles to make use of those of the corps. This was done as far as the execution of the order was possible. The greater number of the dangerously wounded had to be left to their fate, but all of those who were even able to crawl or to drag along someway, and could find no room elsewhere, hung for a time on the wagons or cannons until hunger, cold or cruelty of their comrades ended their sufferings, or, if fallen off, to be made prisoners by the Russians.

The Westphalians, the advance column arrived at Smolensk on November 9. Since the appearance of the intense cold on November, 4 their sufferings had increased more and more every day from hunger and frost, and all the terrors already described. They had expected in Smolensk they would enter now into the promised and so much longed for winter quarters; here they hoped to find repose and recuperation, the misery of the past was almost forgotten. It was an illusion of short duration. Napoleon with his guards arrived at Smolensk on the 10th of October, but became soon convinced that this was not a place for him to stay. It is true there were provisions in abundance and the troops were to have rations distributed to them, but there was no possibility of order in distribution. The masses were too great and so eager that they would not heed command; the commissioners were obliged to interrupt distribution in the hope to re-establish order, among the crowd of hungry men who had become degraded, and were like wild animals. They were fighting among each other, as soon as one had receive a little flour some others would take it away from him instead of waiting for their turn. It is impossible to repeat in English the horrid expressions which were used by the men, for instance, such as "z' fresse misset mer hau." Only a small number of the troops had received some flour, brandy and bread, the great majority however, nothing. The consequence was that the magazines were plundered in the night from the 11th to the 12th of November.

On November 12, the Westphalians, reduced now to the number of 1700 men, continued to retreat to Krasnyi, Napoleon with his guards followed on the 13th. Not far from Smolensk the road led over a hill, and this proved to be unsurmountable for the train of baggage and cannon, on account of the ice. The horses were too feeble and poorly shod. All the Westphalian cannon and baggage were lost here. Cold and hunger made themselves felt more and more from day to day. The description of the condition of the soldiers corresponds with that given by von Scherer.

Over Ljadi and Dombrowna the Westphalians came to the Dajeper near Orscha, arriving on November 19. It was a new spectacle for them to find now, since they had passed the borders of old Russia, inhabitants in their houses. At this time the cold lessened and thaw set in. Near Orscha two bridges over the Dnjeper had been constructed, the crossing of these bridges was to be guarded by gendarmes, but these were soon unable to control the mass of starving men who more and more tensely pushed forward with insane and despairing expression in their faces and stormed the bridges. The gendarmes retreated with terror before the infuriated crowds who would have destroyed the bridges and tramped on the guards who would have tried to resist them.

In Orscha were now rich magazines, fresh troops and mounted cannon. It appeared as if now the fearful weather the misery, the hunger had ended. But this was again a short illusion; the measure of sufferings was not full yet, thousands of those who had been saved until here should succumb to the ravage of still more terrible distress than experienced before. Napoleon with what was left of the grand army entered Orscha. Only 10,000 to 12,000 men were armed and most of them were of the guards. Of Westphalians not more than 400 were still under arms. Dull, silent, the head bent down, the crowd of men marched like a funeral procession from Orscha towards the Beresina. Occupied with their own self only, aware of near death, reminded only by instinct of self-preservation that they were human beings yet, they did not feel inclined to converse with their comrades, their mind had become apathetic, they had sunk down to the state of animals.

We know from history the final act of the drama, commencing with the crossing of the Beresina. After these scenes, the most frightful in history, the winter returned with greater severity than ever before in that year. Again the bivouacs remained marked after they had been abandoned, by the corpses of starved and frozen men and horses lying in the snow. On December

Digitized by Google

8th, the cold became fearful, supernatural. The faces and long beards were all covered with ice, every motion of the muscles of the face caused pain, men were hardly able to stand still for a moment in order to answer a call of nature. To many who were forced to do so it brought death. The painful cold, the fearful hunger drove soldiers to beastly actions the description of which I shall pass.

On December 9, Wilna was reached and the days of Wilna were not less terrible than those of the Beresina.

On December 16, von Borcke and his general von Ochs came to Schirwind for the first time again in a Prussian city. For quartering they were directed into one of the best houses, the house of the widow of a Prussian officer. The lady seeing the two entering the house was astonished to learn that they were a general with his adjutant, and that they should be her guests. Nothing about them indicated their rank, they were wrapped in sheepskins and rags, full of dirt, blackened by the smoke from the camp-fires, with long beards, frozen hands and feet. The body accustomed itself only gradually to the new life.

January 2, 1813, von Borcke with his comrade arrived at Thorn were they considered themselves saved from the great catastrophe.

Epidemic diseases broke out in Thorn, and in all places to which the wrecks of the grand army had come. Hospitals were overcrowded, no house without sickness, and death reaped a rich after-crop. During the first days in Thorn General von Ochs was stricken down with typhus and his condition did not warrant any hopes for recovery. His son, however, who had gone through the whole retreat wounded and sick with typhus, whom the general and his adjutant had brought from Moshaisk in a wagon under incredible difficulties had recovered and was able to help nurse his father.

The Daniel Baugh Institute of Anatomy to be Opened Soon.—The new anatomical building of Jefferson Medical College, Philadelphia, which is to be called the Daniel Baugh Institute of Anatomy, will soon be opened. It represents an outlay of about $125,000, the entire amount being a bequest of Mr. Baugh. A distinctive feature of the new building is the perfection and completeness of its equipment, and it will have the added distinction of being the only school of its kind devoted to undergraduate work.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER XI.

You may often read in the local papers that Dr. X., when in Blanktown, his last place of peripatetic residence, daily met and talked with several thousands of those whom he had benefited and who expressed unbounded gratitude for his wonderful panacea, or gave advice to those who consulted him.

The dictionary definition of several is more than one or two, but not many. Let us call several thousand two thousand in this case. Figure out the number of seconds in twenty-four hours, 60 x 60 x 24 = 86,400. Now divide this by 2,000. We find that our wonderful medical "friend of humanity," working night and day, will have just 43.4 seconds to talk with each one of his several thousand admirers. If he talked but twelve hours he would have 21.7 seconds to devote to each one, and if he believed in the eight-hour, union time, he would have but 14.5 seconds.

Such is the reductio ad absurdam of the extravagant pretensions of patent medicine advertisement. Unreasoning and credulous man wonders at the popularity of the man who does these absurdly impossible things and does not stop to consider that they are impossible.

Carrying on the conversation at the rate of 120 words a minute this would give our doctor opportunity to say 86.8, 43.4 and 29 words respectively. Surely the praise or advice must be brief if not to the point.

The quack is not the only sinner in the use of exaggeration. Talking with a mutual friend, referring to a young doctor, just launched on his career, the mutual friend said to me, "Jack is doing well, he has overy fifty office calls a day." Now Dr. John's office hours are from 2 to 4 p.m. This gives a period of two hours in which to see fifty patients; 50 into 120 gives 2.4 minutes in which to make an examination, ask questions, write a prescription, and pass the time of day.

If you present these figures to your infomer he will see the absurdity and probably say: "Well! it can't be possible; but Dr. John told me so himself." And by your mathematical demonstration you have possibly put Dr. John in a bad light, the

Digitized by Google

mutual friend being convinced that he is either a good liar or a bold prevaricator, whereas he is only an exaggerator, a sin to which we are all prone.

As children we see things through magnifiers. As we grow up the magnitude grows. Our very language seems adapted to the condition of exaggeration. We have a number of indefinite words which mean anything and everything. A few means one or two, or not much more, to the giver of things, but a great many to the one who helps himself. The child speaks of lots of things when there may be but a few.

What Dr. John did say, perhaps, with a love for round numbers, was that he had fifty patients a month, a goodly number even for an "old stager." Let us analyze this statement by a little supposition. Say he sees each of these fifty patients once a week; that makes four calls in the month and 50 x 4 = 200. Saying he receives no more than one dollar a visit or call. That makes the doctor's income $200 per month or $2,400 a year, much larger than the average of the ordinary doctor who has been serving a lifetime in the slavery of medicine.

Apply the same method of supposition to the fifty-calls-a-day man. Saying he saw each only once a week. This would make 350 patients on his list. At a dollar each he would make $350 a week, or $18,250 a year, and yet the average young doctor hardly makes his bread and salt.

Now let us go back to the wonderful man who has 2,000 admirers whom he converses with in a day. At a dollar a bottle for his wonderful medicine this would be $2,000 a day or $730,000 a year, and if we presume that one-half of this is profit, to take a low estimate, he clears $365,000 a year net profit. In ten years he would possess $3,650,000 not taking into account interest of any kind.

Thus a little mathematical reckoning, within the ability of even a child, shows the absurdity of the pretenious "spiel" of the patent medicine advertisement and if the prologue is such an absurdity it follows that the claims of the medicine as a curative agent are equally absurd, and farfetched beyond the bounds of reason.

Figures don't lie but those who "figure" may, sometimes for the sake of the money there is in it, indirectly, and sometimes from the habit of exaggeration which is fond of speaking in round numbers which slip so glibly from the tongue and sound so grand.

Let us then consider that we are judged not only by our actions but our pretentsion and keep within the bounds of probability if we consider it good taste to speak of "my patients." And also keep your well-intentioned friends, who may speak in fulsome praise, of your success, within bounds, lest their good intentions, o'er reaching the mark, shall rebound to your discredit. It may be true had he who speaks not well of himself will be ill-spoken of by others, but it is a foregone conclusion that he who speaks bombastically of himself and his achievements will gain naught but distrust and ridicule.

Reorganization of Medical College.—The University Medical College of Kansas City, Mo., has recently been reorganized and has received the endorsement of the American Association of Medical Colleges. The college offers only the work of the junior and senior years of the ordinary medical course, students being admitted on the completion of the first two years in other colleges. Special post-graduate work in bacteriology and pathology will be offered.

Drug Eruptions.—A number of drugs in common use produce a characteristic eruption, and these should always have careful scrutiny by the physician lest they be mistaken as an original disease.

Here is a list of commonly used drugs which at times produce eruptions, itching, eczema and other manifestations:

Bromide of potassium: papules, pustules, ulcers, echymoses and pemphigus.

Chloral: erythema; itching, desquamation, eczema and petechia.

Copaiba and cubebs: pemphigus, erythema and eczema.

Aconite: vesicular exanthemata.

Arsenic: erythema, papules, vesicles and sometimes pustules.

Iodide of potassium: about the same as arsenic, but more marked.

Mercury: erythema and eczema.

Morphine: erythema, papular eruption and sometimes desquamation.

Phopshorus: purpura.

Quinine: erythema, eczema, hemorrhagic purpura, pemphigus and sometimes a typical urticaria with dyspnea.

Rhus toxicodendron: vesicles, pruritus, redness and swelling of the skin.

Salicylic acid: purpura, pemphigus and vesicular angina.

Santonin: vesicles and pemphigus.

Belladonna, strychnine and stramonium may produce about the same dermal manifestations as quinine; while turpentine produces an eruption like that of copaiba. —Med. Standard.

Digitized by Google

SELECTED ARTICLE

THE MODERN MANAGEMENT OF PNEUMONIA.*

SIMON BARUCH, M, D.
NEW YORK

(Continued from page 395.)

7. The judicious application of water, adopted as I shall show to the therapeutic indication of each case, is the most efficient single aid to the organism in its battle against the diplococcus infection. The application of water much below the temperature of the skin accomplishes the object satisfactorily, provided it is executed with precision and due regard for the physiological action of cold and the needs of the case. Failure results more surely from careless or perfunctory application of water than from injudicious administration of other remedial agents. Let me quote from a recent otherwise reliable text-book which deserves to be placed in the hands of medical students: "Cold to the chest—an ice bag is of great value in many cases. When applied to the heart it is an excellent cardiac sedative; the use of ice to the pericardium often enables digitalis to act better." The author fails to tell his readers how he manages to apply ice to the heart or to mention that continuous application may produce harm. Another work on pneumonia refers to enveloping the chest in an ice bag as the chief remedy. The author claims that it acts favorably on the process in the lung, lowers fevers, but should never be used long enough to chill the patient; but while fever remains above 101 deg. F. it should be used incessantly unless patient is feeble. Note the contradiction in this one sentence. If the process in the lung is sought to be influenced, the ice bag must be wrapped around the chest or at least be applied to its posterior surface. How many patients will bear the discomfort of such an application? How can chilling be prevented if it is applied incessantly? "Delirium," says another author, "is best controlled by moderating fever by the use of cold to the head and to the body in general if need be, in the form of the sponge bath with friction and by the use of bromides and morphia." Now, while this author advises the most important element of a cold sponge bath, the friction, and thus demonstrates that he understands hydrotherapy better than many others, he fails to state the temperature of the bath—a most serious omission, since cold water is water running from the cold faucet and would be as high as 75 deg. F. in summer, and as low as 35 deg. F. in winter—a difference in temperature that may be fatal to success. These quotations illustrate the vagueness and unreliability of the best text-books when advising hydrotherapy.

The chief point to which I desire to direct your attention is that water must be used with the same judgment and skill as other agents—digitalis, strychnia, etc.

Whenever the perfunctory prescription of a cold bath, a warm bath shall be replaced by ordering a bath with a definite temperature, of definite duration and definite technic, then the result from hydrotherapy will become satisfactory. A justly eminent pediatrist said in a paper before the New York Academy of Medicine: "When the temperature is F. 103 deg., 4, 5 or 6, I use cold baths and cold packs." He omits to tell his hearers how cold the bath or pack is to be, or what its duration and fequency for repetition, but when he discusses certain medicines he emphasizes the necessity of exact dosage.* I could cite many other examples to demonstate that it is high time that medical colleges taught the correct uses of water, which is really a most important and flexible auxiliary in many diseases.

In the pneumonia of children under ten years, in whom pleurisy is usually absent, the full bath in a tub filled two-thirds with water at 85 deg. F. given with constant friction for ten minutes, is an extremely useful procedure whenever the rectal temperature is above 102.5 deg. F. The patient should be quietly taken from the bath and placed into a linen sheet with which he may be rapidly dried. The heart is calmed, respiration deepened and slowed expectoration promoted; temperature reduced, sleep often follows. The bath may be repeated with advantage every four hours if the patient is awake. A natural sleep must not be interrupted by any hydrotherapeutic procedure. I have abandoned the tub bath in adults because of the disturbance of the patient being more damaging than it is in typhoid fever, on account of the frequent presence of pleurisy. However, the toxemia of pneumonia is rarely so intense as it is in typhoid fever, and the temperature yields more readily to less heroic procedures. Clinical experience has convinced me that a more frequent and less intense application of cold water is indicated in pneumonia. For these reasons I have adopted a mild and effective proced-

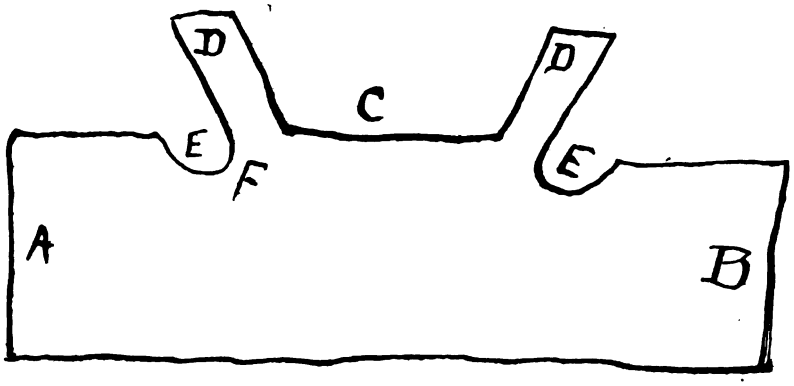
*Reprinted from the Old Dominion Journal of Medicine and Surgery, July, 1911.

*The Principles and Practices of Hydrotherapy. By Simon Baruch, M, D. Third Edition. William Wood & Co.

Digitized by Google

ure, termed the Wet Compress. The systematic application of the chest compress is the most important element of the best management of pneumonia. The chest compress is prepared in the shape of a vest without anterior openings.

Three pieces of coarse linen are cut according to the pattern in such manner that the front portions will overlap an inch. When applied the compress should fit snugly from the nucha to the floating ribs posteriorly, and from the clavicle to the umbilicus in front around the entire chest and cover the clavicle with its flaps. A piece of thin flannel is cut to the same pattern, but an inch longer and wider. Two sets should be prepared. The linen portion should be hemmed to make it fit snugly. Before the application of the chest compress the windows must be closed. The patient being exposed, he is gently turned to the left; the compress is wrung out of water at 60 deg. F. (this being the temperature adapted to the average case, and to be modified as will be shown), the wet linen is now laid smoothly on the previously outspread flannel, leaving a margin of flannel around the entire edge. The entire compress with its flannel cover is now rolled half way, and the rolled up portion is laid against the left side, while the remainder is spread upon the bed in such manner that the upper edge reaches the nucha. The patient is now gently turned back towards the right, so that he is laid upon the outspread portion of the wet compress. The rolled portion is drawn forward from beneath the left side of the patient, and is rapidly wrapped upon the chest; the other portion is also made to cover the right anterior chest, and the shoulder flaps are secured to the front; the flannel covering is now wrapped over the wet compress and its edges secured with pins quite snugly, but not too tightly to embarrass respiration. If the compress is applied in this manner the patient will not be disturbed except by the gasp which follows the sudden impact of water so much below the body temperature—a salutary effect, as I shall show. When the body temperature is high the compress may be allowed to retain more water; but care should be taken that the bed be not made damp. Nurses are apt to prevent the latter by an impervious covering; this is an error; it converts the compress into a wet dressing or poultice, which may elevate instead of reducing the cutaneous temperature. The compress should be changed every half hour if the temperature is above 103 deg. F., otherwise every hour until the temperature is below 100 deg. F. in recto, when it should not be renewed at all and removed when dry. One important guide in changing the compress will prevent chilling, viz.: let the nurse always ascertain by introduction of the finger if the linen is warm, and never change the compress unless it feels warm. The removal of the compress is as follows: The new compress is made ready; the flannel is unpinned and the entire compress removed from the anterior portion of the chest; the patient is now rolled upon his left side and the entire compress is removed with the least possible disturbance the fresh compress is applied as described. Although the average useful temperature of the compress is 60 deg,. there is much latitude needed. Experience must decided upon the changes in temperature duration and technic when the ordinary compress fails. The rationale of this procedure should be well mastered in order to make the needed changes judiciously. The sudden impact



A, right border to be overlapped anteriorly by B, left border of compress. C, upper border covering mucosa. D, flap to be brought over clavicles and secured to F anteriorly. E, axillary borders.

Digitized by Google

of cold upon the chest walls has the same effect which is observed from a dash of cold water upon the chest of a fainting woman; there is a gasp more or less pronounced, due to the irritant action of the low temperature upon the nerve terminals which is reflected from the central nervous system through the vagus upon the inspiratory muscles visibly and upon the heart invisibly, but positively as shown by the pulse. The primary refreshing effect being upon the nerve centers, the patient becomes bright. One of my patients remarked, "Whenever I began to feel 'dopy' I thought it was time for a new compress." The stimulant action of cold upon the reflex cutaneous areas is conveyed to the dorsal spinal ganglia, which control the pulmonary circulation. Physiologists tell us that the reflex area, lying between the scapulae is connected with the second, third, fourth and fifth dorsal ganglia, and the epigastric reflex area, located on the lower lateral portions of the skin covering the chest, is connected with the fourth, fifth and sixth spinal ganglia. This physiological reflex may explain why our forefathers observed such good effects from poultices and blisters applied to the chest. I believe the rationale of action of the cold, wet compress rests upon this physiological and anatomical basis. Moreover the classical experiments of Romberg, Poessler and Rolly with injections pneumonococcus cultures into rabbits have shown that heart failure, which is the chief danger in pneumonia, is due primarily to the disturbance of equilibrium in the vasomotor system. The resistance at the periphery being lost by reason of the pneumotoxin action upon the peripheral vessels, the blood flows so sluggishly through them that the heart is driven to great exertion in the effort to maintain life; the tension of the arterial system being greatly diminished, an increase in the number of pulsations is demanded from the heart. This demand often cannot be responded to; the heart labors harder and harder until it fails entirely. Clinical observation had long ago convinced me that by improving the cutaneous circulation by cold hydriatic procedures the action of the heart was manifestly improved ("The Uses of Water in Modern Medicine," 1891), and that the chief benefit of the cold bath was not reduction of temperature, but refreshment of the nervous system and consequent improved cardiac action. Not until the experiments of Romberg were published did I realize the true reasons for this marvelously beneficial result on the circulation.

The cold compress contracts the muscular fibers which are in the skin and then presses the blood out of the capillaries, thin endothelial tubes, without elastic and muscular coats. This narrowing of the cutaneous vascular area of half the trunk, in connection with the reflex stimulation from the impact of cold, cannot fail to improve the vasomotor system upon which the toxin exerts its chief effect. The heart is relieved by reason of restored resistence at the periphery, the ventricular impulse is enhanced, the pulse becomes slower and steadier, and loses dicrotic character; stases are prevented because they are almost invariably due to enfeeblement of the peripheral circulation. A normal vis a tergo is thus established, which is more salutary than the driving of the heart by digitalis and stimulants. The latter would only aggravate the failure at the periphery, just as would nitro-glycerine, which is too often injudiciously resorted to in these emergencies. The most important element of this management of pneumonia is, let me repeat, not to await the establishment of heart enfeeblement with its serious hypostases, etc., and to treat them with strychnia, digitalis, nitro-glycerine and alcohol, but rather to maintain the integrity of the peripheral circulation from the outset in an early normal state, and thus avoid the dangers which so frequently assail the pneumonia patient and contribute to a fatal issue. As in typhoid fever, the application of cold water must be chiefly prophylactic, to forestall lethal complications. The elimination of urine toxins is enhanced by the improved circulation in the glandular structure of the kidney; the toxicity of the urine is unchanged as shown by the experiments of Roque and Weil. The increase of urine has already been referred too.

Temperature is moderately reduced by this treatment. After each compress the surface is cooled, but reaction follows which restores vascular tone and stimulates diaphoresis. The compress becomes warm and the moisture evaporates through the thin flannel covering by capillary attraction. Cooling of the skin ensues, as may easily be noted when the compress is removed the skin is cooler than the compress. You will perceive how an impervious covering must neutralize this effect by converting the compress into a poultice which relaxes the vaso-constrictors. Cold stimulates the vaso-dilators and enhances the propulsive resiliency of the arterioles. The dyspnea which, as all careful observers know, is often out of proportion to the lung-

Digitized by Google

area involved, is almost always relieved if it be not prevented by the compresses. This fact confirms my view that dyspnea, not traceable to pleurisy, is a nervous symptom due to the pneumotoxin and not to the obstructed lung. The patient rarely dies of apnea, as I was taught, and as many now believe. That this is true is demonstrated by the clinical and indisputable fact that while a few hours or less before crisis ensues the patient may be gasping for breath and tossing under high temperature with a rapid pulse, after the crisis is established the dyspnea disappears with the other serious symptoms: the patient falls into calm slumber, his respiration becomes quiet, and this despite the fact that it is impossible for so decided a diminution in obstructed area to have taken place in so short a time as would produce so marked a diminution of dypsnea. The physical signs testify that the consolidation has not increased in the brief time intervening. It is a peculiarity of the cold compress treatment that crisis rarely occurs and that the lungs become pervious very slowly even after the patient is convalescent and out of bed For pleuritic pains and the dyspnea sometimes arising from it, small hypodermics of morphia are the best remedy.

Clinical results are after all the true test. While I can offer you no statistics from private practice, I may state that the New York Board of Health has but two death certificates signed by myself during the last fifteen years of an active family practice. That the modern management of pneumonia depends upon prevention of lethal complications is also proved by the sad fact that in hospital practice the disease is still very fatal. In my last service at the Hood-Wright Hospital four cases died in three days; having been admitted respectively six, twelve, twenty and thirty-four hours before death. Nevertheless the mortality in 156 cases collected by the then house physician, Dr. Albert Wittson, shows a reduction of 50 per cent over that existing prior to the management of the disease.

As in typhoid fever, our most reliable statistics are derived from military hospitals in which patients are treated early and by well-trained attendants. In the military hospital at Dresden (200 cases) the mortality under the wet compress treatment was only 1.6 per cent, and Dr. Nespor of the Austrian Army reports ninety cases with one death.

There exists such dread of cold water in the minds of the lay people that the courage of conviction is demanded in the substitution of the cold compress for the hot poultice.

* * * * * * * * *

I have endeavored to present for your consideration and adoption a method of managing pneumonia which has brought me comfort and satisfaction, and to my patients restoration to health from desperate straits. Three colleagues have testified to the value of this management in their own cases. One noted Virginia doctor, a graduate of the University of Virginia, who has large clientele in New York, was attended by Drs. Ewing and A. A. Smith, when dispairing of this valuable life I was called by them. The wet compress was applied under my direction (the first water treatment should always be applied under direction of the physician). The doctor recovered, and he has repeatedly told me that he was unconscious of his illness when he was aroused by the cold compress on his chest. His splendid wife, a Virginia woman of whom we Southerners in New York are proud, puts me to the blush every time I meet her at a function by presenting me as her husband's saviour. The late Dr. P. C. Cole has reported the case of another colleague who has treated with the usual methods with unfavorable outlook, and who recovered from double pneumonia despite the fact that he was addicted to morphine and alcohol. The third case was a prominent physician in San Antonio, Texas, whose impending death was announced in the morning papers. Dr. A. Herff asked me to see him; the wet compress was applied and the patient recovered.

In conclusion let me say that I believe the prognosis of this fatal disease would be materially changed by the universal adoption of the simple management I have delineated. It would be exceedingly gratifying if any of my hearers would report the results with it, whether favorable or not. I strive for truth, not glamor. The interest of suffering humanity tower far above all personal considerations.

Cocaine Addiction Among Negroes.—The Grand Jury of Hinds county, Mississippi, has presented a report stating that "The use of cocaine is alarming, principally among the negroes, who in some sections of the county, when short of cash, have actually bartered their farm products for the drug. We trust good citizens will continue to assist the officers in rooting out this evil, which is demoralizing labor and filling the jails with criminals."

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Vasectomy.

Since Indiana, Iowa and other states have enacted laws which purpose the ending of the procreative power of certain classes of criminals and the insane by doing the operation vasectomy, inquiries have come from all sides as to the technique of the operation and its physiologic effect on the patient so treated. The operation itself is very simple being the same that was popular but a few years since in the treatment of hypertrophied prostate. We have not been privileged to follow these cases and, consequently, have had curiosity ourselves as to the effect on the patient. Of course there would be no question as to the immediate ending of procreative power, interest centers then around the matter of subsequent sexual ability. In a recent issue of the Journal of the A.M.A. the inquiry is answered as follows:

"The physiologic effect of bilateral excision of a portion of the vas deferens, commonly called vasectomy, was studied on animals a century ago by Sir Astley Cooper, and has been investigated by many others since. The unanimous report is that no effect whatever can be detected, except the imprisonment of spermatozoa and consequent sterility. Both functions of the testicle—the so-called internal secretion necessary to adult masculinity, and the production of spermatozoa—continue unimpaired indefinitely. In a human subject normal active spermatozoa were found in the testis seventeen years after the occlusion of the vas. Sexual desire and power continue unaffected, as they do also after bilateral occlusion of the vasa by gonococcus epididymitis, and in cases of congenital absence of the vas.

"In the human subject, excision of the diseased vas has long been a standard measure; bilateral excision of a piece of the normal duct was introduced by Lennander, in 1894, as a substitute for castration as a means of relieving the ills consecutive to prostatic hypertrophy; and for several years thereafter it had considerable vogue. This operation is used also to prevent the recurrence of epididymitis resulting from chronic infection of prostate and vesicles; and it is often added to a prostatectomy to prevent epididymitis which is apt to follow the latter operation. Its employment for the purpose of sterilizing mentally defective males, now authorized by law in at least four states in the Union (Indiana, California, Connecticut and Iowa), began in Indiana in 1897; the measure has also been under consideration in a number of other states.

"The operation is surgically and physiologically harmless; with local anesthesia a half-inch cut is made to the vas, the latter pulled up above the skin, about an inch of the duct excised, the cut ends ligated and dropped into the wound. Surgical cleanliness is requisite."

Vasectomy seems to be enthusiastically approved by medical men and criminologists in those states where it is now being done. If its harmlessness and effectiveness are what is claimed we can believe that there will be a demand for the operation on the part of patients who will submit themselves of their own volition so soon as it becomes better known.

The Problem of the Independent Medical College.

Just what is meant, inclusively and exclusively, by the term "independent" when applied to a medical school is something of a matter of doubt, as the term does not make it exactly clear, but we take it that every school which seems to be having somewhat of a struggle to maintain its existence is safely within the line. It is unquestionable that the independence is mainly freedom from endowment and the business control which have been developed by the great universities.

We have always believed in the "independent" school, even while we have believed in the university school; but we have always maintained that no school could continue which fails to meet competition and give just as good as can be secured. The time is years past when medical education can be reckoned as matriculation, more or less faithful attendance at so many sessions, and the receiving of a diploma; the student of today must be given work, he and his instructors must work, when he is graduated he must be as able to take exacting examinations and to stand practical tests as are those who were educated under

Digitized by Google

different auspices. The reason the independent schools are rapidly disappearing is easy to detect; they either have not the means to place their equipment and teaching force on a high plane, or there is an indifference to the need on the part of those in authority. St. Louis has five medical schools, two of them connected with strong universities, the three others could, if joined into one and the one given a faculty made up through some elimination and some addition, be a tremendous influence for good medical education. Under existing conditions there are many who do not hesitate to predict an early demise for a majority of the three. One of these schools has the best clinical location in St. Louis and a good building for the purpose (clinics); another has the best building for medical teaching in the city; the third finds its greatest strength in its teaching department and laboratory equipment, being but indifferently housed. Could some power step in and set these three forces working together, could it have authority to make over the faculties, retaining, discarding, advancing and making subordinate without fear or favor, and with the one object of making the independent school of St. Louis the power which it might be, there would be abundant equipment, creditable classes, a new enthusiasm on the part of both faculty and students and a tremendous good would have been accomplished. It will presently be too late.

We are not posing as critics of any of these schools, each has its good points, and we number as our best friends men who occupy places on their teaching forces; we have tremendous respect for their honorable past and the many able men who began their medical career as students in their tuition. But the times have changed. St. Louis does not need five medical schools but she needs more than one, for competition breeds good work. Above all her schools must be as good as the best in every particular, a strong chair of surgery or anatomy or medicine can never balance indifference in another department; when the state authorities have laid down certain requirements in the way of equipment and teaching it should be forthcoming without quibbling and delay. The St. Louis profession has grown to expect the annual report of deficiencies in equipment on the part of one or another school, also the report that the inspection was made by the board at an unfortunate time, also the report that everything is just about to be fixed up as it should have been before the inspection. If the independent school is to be a permanence the time has come when it must meet all regulations and do its work well. To an outsider the natural solution is consolidation as suggested above, but if it is short of complete we would doubt its effectiveness.

ST. LOUIS ITEMS

Dr. C. D. Scott formerly chief dispensary physician, at St. Louis, has recently resigned from his connection with the hospital department and is now associated with Dr. W. A. Hardaway in the practice of diseases of the skin, with offices in the Lister Building, St. Louis.

Dr. Wiley in St. Louis.—Late in September Dr. Harvey Wiley made a short visit to St. Louis, and while here addressed the City Club at a luncheon, at which he was the invited guest. In speaking after the luncheon his subject naturally centered on pure food and its relation to the health of the community. We were not privileged to be present, but we understand that a considerable impetus was given to the Club's interest in the food, hygiene and health of the community, and, incidentally, in Dr. Wiley.

The C. V. Mosby Co.—An illustrated brochure detailing the publications of the C. V. Mosby Medical Book and Publishing Company of this city has lately issued, and we are pleasantly surprised at the creditable length of the list of medical books that this concern is getting out—not only at the length of the list, but the importance of the individual books which make it up. The Mosby Company has been aggressively active from its organization and it is giving St. Louis a medical publishing house which will presently assume the proportions of those which make Philadelphia famous.

Hospital Commissioner Morfit has returned from a vacation period spent in Colorado. Despite the predictions of the lay press that a hospital upheaval but awaited his return, and that it was to include his retirement, nothing has happened. The investigation of the hospitals has accomplished a deal of good and the work for their betterment is going steadily on. This endeavor started some months before the investigation and was the agency which prompted it. One has but to compare what—was, with what—is to come, to a full appreciation of the worth of the regime of the Hospital Board and Hospital Commissioner.

Digitized by Google

The Missouri State Nurses' Association will meet in St. Louis, October 11, 12, 13 at the Planters Hotel. The association is composed of graduate nurses most of whom are also registered nurses. Miss S. S. Palmer, editor of the American Journal of Nursing, and Miss J. A. Delano, chairman of the National Committee on Red Cross Nurse Service, will be present on the 12th and 13th and will address the association. Miss Margaret McKinley, of St. Louis is president, Miss Esther Cousley, of St. Louis, secretary and Miss M. L. Freytag, of Graham, Mo., corresponding secretary.

Report of the Missouri Board of Health on Medical Schools.—In September the Missouri State Board of Health passed favorable on three medical schools located in St. Louis, the Medical School of Washington University, the Medical Department of St. Louis University and the American Medical College. The two university schools are so well equipped and established that the report causes not the least comment. The American, since its reorganization as a regular school something over a year ago, has not been given its just recognition because of its standing during the days when it was operated under Eclectic auspices. Since the reorganization the American has met every requirement of the State Board so soon as the same have become known. In its advice to this college the board finds it necessary to ask but two things—a hood to carry off the fumes of the chemical laboratory and some increase of modern texts in the library of the school. This speaks well for the school and those who are now in charge of its destiny.

The Medical Faculty of Washington University.—Several changes in the medical faculty marks the opening of the new term. Dr. David L. Edsall, formerly with the Medical School of the University of Pennsylvania, has been appointed to fill the chair of preventive medicine. Only two schools in the United States, Washington and Harvard Universities, have departments of preventive medicine. Much of the work carried on is experimental. Dr. Edsall will spend part of this year abroad investigating methods practiced in Europe, but will return to St. Louis in time to complete his staff and organize his work for the session of 1912-13. Dr. Fred T. Murphy, a graduate of Yale and Harvard Universities, will fill the chair of surgery. Dr. Ernest Sachs will act as associate in surgery. Other new appointments in the Medical School are: Dr. Roger S. Morris, University of Michigan, associate professor of Medicine; Dr. Walter S. Thomas, University of Texas, assistant in pathology; Dr. James S. Brotherhood, Dartmouth and Johns Hopkins, house physician at the hospital; Dr. Douglas H. Morse, University of California and Johns Hopkins, resident pathologist at the hospital; Dr. Borden S. Veeder, University of Pennsylvania, instructor in pediatrics, and Dr. Victor H. K. Moorhouse, assistant in physiology and pharmacology.

CORRESPONDENCE

ETHICS.

Editor Medical Fortnightly:

There are irregularities existing among those styling themselves regular practitioners, which may be called mild quackery.

The Principles of Ethics contains rules for our guidance, which striped of all superfluous verbiage, might read: "All doctors of medicine are hereby required to be gentlemen." This may be considered as asking too much by some, but it is the law, boiled down! We should observe it, even if it does require a sacrifice.

Another article of the Code, which says physicians should not make gloomy prognostications, so as to magnify the importance of their treatment and cure of disease. Are there not too many who habitually hang out the danger signal, where none exists?

Another article: "Consultations should be prompted in difficult or protracted cases, as they give rise to confidence, energy, and enlarged views in practice." This is violated too often. When a council is finally acceded to the competent home doctor is passed by, and no better one from another place is chosen. It is done because of a fear that it may boost a home rival in his reputation! It is a spirit of selfishness and jealousy! Too many doctors will attempt to undermine a professional brother. The older one will say the younger one may make a good doctor when he has had experience; while the younger one will assert that the older may have been a good doctor in his time, but he is behind the times!

Our whole ethical law, should be construed as an amplification of the Golden Rule! We have no right, by jest or look, or by silence even, to injure our professional brother.

What a glorious thing it is to hark back to those old worthies of the past, who were too high minded and honorable to criticise a younger brother, but would lend him a helping hand, and put their protecting

Digitized by Google

arms about him. I remember such grand, unselfish men! In this age of greed, commercialism and mad rush to crowd others out of the way, the ethics of the profession are virtually a dead letter!

D. L. FIELD.

Jeffersonville, Ind.

Soap.—James I. would have been pleased to see his subjects consuming soap at the rate of 2 lb. per head, which, according to a recently-issued return, is the average yearly consumption in England. That canny monarch granted the Company of Soapmakers of Westminster the monopoly for the making of soap in England, in return for a payment of £6 per ton on all soap produced. The importation of soap was forbidden, and officers were appointed to deal with illicit soap-boiling, its manufacturers, even in private houses for domestic purposes, being punishable by heavy penalties. Moreover, a proclamation was issued announcing that "the soap made by the company is good, sweet, and serviceable for our people." The annual revenue derived by the King from this source amounted to about £30,000.—Health.

Dr. Herter's Successor at the Rockefeller Institute.—The Rockefeller Institute for Medical Research announces the election of Dr. Theodore C. Janeway as a member of its Board of Scientific Directors, to fill the vacancy caused by the death of Dr. C. A. Herter. This board has the entire control of the scientific work done by the institute. Its other members are Dr. William H. Welch, of Baltimore, Dr. Theobald Smith, of Boston and Dr. L. Emmett Holt, Dr. Herman M. Biggs, Dr. T. Mitchell Prudden, and Dr. Simon Flexner, of New York. Dr. Janeway was born in 1872. He graduated from the Sheffield Scientific School of Yale University in 1892 and from the College of Physicians and Surgeons of Columbia University in 1895. Since 1909 he has been Bard Professor of the Practice of Medicine at the College of Physicians and Surgeons, and during the current year he has been appointed to the staff of visiting physicians of the Presbyterian Hospital. He is secretary and treasurer of the Russell Sage Institute of Pathology. Dr. Janeway has done important work in different branches of clinical investigation, notably on the subjects of blood pressure, diseases of metabolism and cardiovascular changes in nephritis.

THERAPEUTICS

O. E. LADEMANN, M. D.

The Use and Abuse of Coffee.—Coughlin (N. Y. Med. Jour., Aug. 5, 1911) says coffee may be used by a moderate consumer to his advantage as a beverage when it produces none of the symptoms indicating a poisoning of the system. It should not be allowed to patients who are known to be nervous, especially women. Under no circumstances should it be allowed to children on account of their susceptible nervous systems. One often hear unthinking mothers call their children off the street for afternoon coffee. A glass of good milk would be far better. It is to be noticed that nearly all the sufferers from coffee drinking were women of either Scandinavian or German descent. Rheumatics as a rule like their coffee as well as those of uric acid diathesis, and in these individuals there are apt to occur explosions after exercise showing that the coffee acts to store up uric acid in the system. The therapeutical action of coffee must not be lost sight of and when the proper indications arise its judicious use may be of great benefit. Personally the writer can testify to its efficacy in cases of shock and vomiting after operations or hemorrhage, in drachm doses without milk or sugar, every fifteen minutes. In this way it acts as a valuable heart stimulant, and the stomach will retain it when everything else may be rejected. Probably, in certain individuals when taking in large amounts, coffee does not harm; at least this seems to be the experience of not a few observers. In all functional heart cases as well as functional nervous cases we should look into our patients' coffee history. In impotence and sexual decline we should question our patients in regard to their use of coffee, for an intemperate consumer may, in order to perform podigious feats of strength and endurance, cause a corresponding tissue destruction. This may explain why coffee is said to be an aphrodisiac. In patients with arterial changes we should prohibit the use of coffee, because experiments show that its use raises the blood pressure. In conclusion we might say that coffee drinking is sometimes harmless, often harmful, and, generally speaking, a habit that is not to be encouraged.

The Use of Salicylates in Rheumatism.—Lambert (Jour A. M. A., Sept. 9, 1911) among other things says, in using salicylates in rheumatism, one is impressed by

Digitized by Google

the rapidity with which they act when they act well and when the form of salicylate agrees with the patient, so much so that it is the writer's belief that if within forty-eight hours a distinctly beneficial action is not obtained with the form of salicylate which is being used for that patient, we should use some other form. If sodium salicylate with large doses of sodium bicarbonate do not make a distinctly beneficial impression on the rheumatic process by the second day, it should be changed to oleum betulae, that is the true oil of birch, and if the patient is resistant to that, it should be changed to salophen or some other form of salicylate.

Narcotic Addiction and Its Treatment.—Knowles (Colorado Medicine, August, 1911) has used the following treatment for several years with good results: when the patient comes for treatment he is required to give up what morphine or other drugs he has with him, and he is given whatever drug he may need to make him comfortable during the first or primary stage. When the second or active stage is begun, the drug is withdrawn at once. On admission give one tablet of the following formula, at two-hour intervals until five are taken:

℞ Hydrargyri chloridi mitis....gr. ii
Podophylli.....gr. $\frac{1}{6}$
Phenolphthalein.....gr. i
Atropinae sulphatis.....gr. $\frac{1}{200}$
Strychninae nitratis.....gr. $\frac{1}{40}$

Three hours after the last tablet has been taken give five ounces of saturated solution of magnesium sulphate or three ounces of castor oil. If the bowels do not move freely within two hours repeat the dose. A high enema should be given a short time before starting the active treatment. It is absolutely necessary for the bowels to respond freely at this time. Purging does these patients good instead of harm. During this stage no food is to be given until the bowels have been thoroughly emptied after this a full tray may be given, and when this has digested the patient is ready for active treatment. From now on the patient should be in bed and the narcotic should be withdrawn give the patient hypodermically 8 drops of the following solution:

℞ Hyoscinae hydrobromatis....gr. $\frac{1}{6}$
Pilocarpinae nitratis.....gr. ii
Strychninae nitratis.....gr. $\frac{1}{6}$
Aquae.....ʒiv

Repeat the dose at half hour intervals until the patient is asleep. This usually requires from two to three doses. On awakening repeat the dose, no matter how comfortable the patient feels. From now on govern the dose and time of giving by the patient's condition. Give enough to keep him asleep or quiet, or in a mild belladonna intoxication. If this condition be kept up there is no suffering. The dose may have to be increased to 10, 12 or 15 drops, and the interval will vary from two to five hours. Never after the first sleep is it necessary to repeat the dose oftener than every two hours. When the sleep becomes natural, and no nervousness, jerking or twitching of the muscles is present, the medicine may be stopped. This will require from sixty to ninety-six hours, depending on the condition, the daily dose and the duration of the addiction. Another important sign is that the patient acquires a tolerance for the prescription with the passing of the withdrawal symptoms. When the patient awakens from his first sleep, which is from three to five hours after the hypodermic has taken effect give one grain of calomel every three hours until eight grains are taken and at the end of the thirtieth hour give three ounces of castor oil or five ounces of saturated solution of sulphate of magnesia, and repeat in two hours if free action is not obtained. At the end of the fifty-sixth hour repeat the dose of oil. When this acts the green stools appear. If it be found necessary to continue the treatment beyond the seventy-second hour, give a like dose of oil or saline. It is important that the bowels move and move freely at these intervals. If this treatment be carried out to the letter, the patient should sleep through the entire time, only awakening to go to the toilet, or for his bath, or to be given food. Milk or other liquid diet should be given at regular intervals during the entire active stage. Acids should be avoided as the stomach shows a hyperacidity. It is an excellent plan after the first twenty-four hours to give sodium bicarbonate every four hours, especially if there is a tendency to vomit. Hot tub baths are given every morning followed by an alcohol rub. Hot packs may be given to the strong and robust to help elimination. When the habit is once broken, the return to health is rapid and sure, and an otherwise healthy patient is able to resume is ordinary vocation. The after treatment with a great many consists of attention to the bowels, and good nourishing food, moderate exercise and plenty of sleep. Do not give alcoholic stimulants, for the administration of stimulants is always followed by a depression, which gives rise to a desire for another dose of stimulant.

Digitized by Google

On the Value of Radium Treatment in Cancer of the Digestive Tract —Max Einhorn, New York (Med. Rec., Sept. 23), believes that benefit is obtained in inoperable cancer of the stomach from the application of radium directly by an apparatus introduced into the stomach by way of the esophagus. By this means pain is diminished, hemorrhage is controlled, and life is prolonged. If the treatment is begun early enough absolute cure may be obtained. The author presents the histories of seven cases of disease of different parts of the stomach. His apparatus for introducing the radium tube consists of a radium receptacle with a long whalebone stem, which is passed into the stomach along the thread of a duodenal bucket. The instrument may be left in from one hour to one hour and a half without inconvenience to the patient. For more prolonged application, a spiral metal sound, covered with rubber, and a mandril, should be used.

Saccharine Barred Out.—The New York Board of Health has added an amendment to its Sanitary Code forbidding the use of saccharine in foodstuffs and beverages. The action of the Health Department is in line with that of the division of food inspection of the Department of Agriculture which forbids the use of saccharine in the District of Columbia after January 1.

Cerebrospinal Meningitis in Prussia in 1910.—In 1910 there were officially reported 369 cases of cerebrospinal meningitis as opposed to 1,030 in the year 1909. Of these thirty-seven cases were shown to belong to other diseases of the brain and in twenty-four cases the diagnosis was doubtful. Most of the cases occurred, as in the previous year, in the provinces of Dusseldorf, Arnsberg and Oppen. According to season, the largest number of cases occurred, as in the previous year, in spring and winter; 60 per cent were of the male sex, showing again a preponderance over the females. As to age they were generally children from 6 to 10 years. Of the patients 136 had recovered at the end of 1910 and 194, or about 60 per cent, had died. Death occurred most frequently in the first week, namely, in seventy-two cases. Of 136 who recovered, so far as facts are available, only two cases of permanent injury to health remained, namely, deafness. The diagnosis was generally confirmed by bacteriologic examination. According to the reports, forty-one patients had been treated with meningitis serum; of these twenty-three recovered and twelve died.

WHAT THE MEDICAL EDITORS ARE SAYING.

The Present Position of the Profession on Salvarsan.—Sufficient time has now elapsed since the first usage of salvarsan in the treatment of syphilis to permit us to draw certain definite conclusions about this remedy. We have used it in all sorts of syphilitic conditions, primary, secondary and tertiary. The literature of medicine is full of case reports, some compiled scientifically, others not so. Some reports merely give the bare recital of so and so many injections without any narration of study of the blood by later Wassermann tests. Of course these latter reports are valueless and permit of no conclusions.

Of particular interest is the attitude of Prof. Wechselmann of Berlin, whose salvarsan work the writer had the pleasure of recently witnessing at the Rudolf Virchow Krankenhaus in Berlin. It must be remembered that it was Wechselmann who published the first report on the clinical usage of Ehrlich's preparation. He has had the longest experience with the remedy. His material has probably been the most abundant in the world. His present treatment of syphilis is as follows: One injection of a full dose of salvarsan is given to the patient when the diagnosis is made; a second dose is given two weeks later and a third dose two weeks thereafter. The patient is then kept under observation by watching for symptoms of recurrence and by making repeated Wassermann tests. If, after the lapse of the regulation period of time no symptoms reappear and the blood reaction remains negative, the case is considered cured.

This method of treatment, together with the general tenor of the scientific reports on salvarsan, indicates that the injection of one dose of salvarsan will not suffice to cure syphilis; secondly, that the injection of two doses does not always cure, and, thirdly, that perhaps three injections will not cure. It indicates that salvarsan is merely an excellent symptomatic remedy; that is serves a good purpose in many cases of intractable syphilis that will not yield to mercury and iodide of potash; that it is useful to tide the patient over a period of severe secondary changes; that it is highly useful in hereditary syphilis but—it should not be heralded to the public as a "cure-all;" that we should not tell patients that one injection is all that is necessary to cure the disease; that all they need is one "shot" of the remedy after which they can go on their way rejoicing, throw-

Digitized by Google

ing caution to the winds, drinking and carousing as in the time of pre-syphilitic infection, etc.; it indicates that extreme caution should govern our remarks to our patients when we give them salvarsan; that the patient should have a full understanding of what to expect; that he should be drilled into the belief that he must report from time to time for observation just as he did in the pre-salvarsan days; that his blood must be examined again and again for signs of inhibition of hemolysis; that, too, he might well be treated by giving him first salvarsan followed up by a course of mercurial injections or rubs; that he should not be discharged until a sufficient period of time has elapsed to allow us to draw safe conclusions.

A safe and sane policy should be our motto, else the discovery and usage of this highly useful remedy will lead to most direful results, and be a curse instead of a blessing to humanity. Many patients who have already received salvarsan have fortunately had no recurrence of symptoms for say a year and a half; these people imagine themselves "cured;" they are not cured or better off than patients who in the older days had a disappearance of symptoms after a few injections of mercury; they are all possibly headed for a post-syphilitic outbreak of some kind. Doctors who tell patients that one injection of salvarsan cures them are riding for a hard fall. They had better recall their hasty words and tell their patients what they now know is the truth. If they do not, they will feel mighty bad some day when the cured (?) patient summons them for a post-syphilitic break-down, when perhaps it will be too late to administer treatment that will restore broken-down and disintegrated nervous tissue.

We believe that salvarsan has a place in medicine; we believe that it has done great good for suffering humanity; we also believe that owing to over-enthusiasm engendered by the marvelously rapid changes which this drug induces invisible syphilitic lesions many doctors and patients have lulled themselves into a false belief in a permanent "cure." It is our purpose to awaken all who are sleeping on in this belief into a realization of the truth. Above all, we cannot too earnestly advise Wassermann control of all syphilitics so that we may know exactly where we stand on the proposition of cure.

We believe that the Wassermann test is an absolute indication of freedom from syphilis, if it is tried again and again and always found negative. In this way and in no other, can we inform ourselves of the status of the disease. We have in the Wassermann reaction, properly performed, a biological test of the greatest accuracy and value. We should use it mit verstand and thereby save ourselves from the "guessing" which formerly prevailed as to diagnosis and prognosis in syphilitic, infection.—Ed. Med. Era.

Smallpox and Vaccination.—The few anti-vaccinationists who so persistently refuse to believe the evidence of their senses, could find food for thought in a recent series of attacks of smallpox in an unprotected family in Oregon—that is, if they were really willing to accept the evidence.

The beneficent results of vaccination are really so well known that it seems scarcely necessary to briefly recite the interesting phases of the outbreak mentioned. However, it won't hurt to reiterate certain truths, if only for the reason that undoubted facts sometimes have to be forced on the attention of even the most intelligent. Besides, the anti-vaccinationists might, by a miracle which never happens in this scientific age, be at least partially convinced thereby.

In November, 1910, an aged farmer his wife and an unmarried daughter, tiring of their old home in Ohio, decided to make a prolonged stay in Mexico City, and later in Marion county, Oregon, where two sons of the old couple were in business. After visiting in Mexico City they left for Oregon, when the conductor in the car in which they were traveling discovered a patient just convalescing from smallpox, occupying a seat directly opposite them in the car. At the next station the patient was forced to leave, and without any attempt at disinfection, or quarantining, or vaccinating the passengers, the train was allowed to proceed. The family arrived in Oregon on Thanksgiving Day, 1910. The drama now moved swiftly. The mother at once gave evidence of a mild infection with smallpox. No medical aid was sought for her. On December 5 her husband was attacked with a virulent form of the disease, and died in two days, before the eruption had reached the stage of pustules. On December 7 the son whom they visited succumbed to a fatal attack, and on December 10 the unmarried daughter and the son's wife died of the disease. A small grand child, aged four, was next attacked, but, unfortunately, recovered frightfully disfigured. Three nurses were sent to the family before a diagnosis was made, only one of whom had been vaccinated. The two unvaccinated ones and a domestic em-

Digitized by Google

ployed in the house, who also had not been protected by vaccination, took the disease, but recovered.

The Montana State Board of Health Bulletin, in commenting on this most interesting series of events, dwelt at length upon the fact that the mother of the family, who had been vaccinated fifty-five years previously, escaped with so mild an infection that the disease was not recognized. Of the remaining members of her family, her husband, son, daughter and the daughter-in-law, none of whom had been vaccinated, succumbed rapidly to the scourge, and of the unvaccinated ones the only one left in the family who recovered was the little four-year-old boy, whose disfigured face will always stand as a most effective argument to the beneficial effects of vaccination."

This experience no doubt has been duplicated in other states. The apathy of many people will make possible similar cases, until a strong demand by the informed and aroused part of the inhabitants of these United States will demand the rigid enforcement of compulsory vaccination, with no excuse for the conscience clause, which exempts ignorant people in England.—Lancet-Clinic.

A Sugar-Loving People.—There was a story written about 1865 by a then celebrated English author of tales for boys in which the hero returned to his school, Eton, after graduating from the university. Among the things he found to criticise were the lack of appreciation of sound claret among the school boys (!) and an "unmanly" taste for sweets. The amiable author, who was thus voicing his own ideas, died only some twelve years ago, probably a very bewildered old gentleman at the changes in taste and point of view that were taking place about him. A schoolboy of the present day who should manifest a critical attitude toward the bouquet of wine would be an object of acute interest to old ladies and alienists alike.

A. Hopewell Smith, in his communication to the British Medical Journal for August 26th on The Abuse of Sweetmeats, still seems to retain the hostile British attitude toward candy; his statement that "sweetmeats as a food are practically of no benefit to the nation" is in direct contradiction to the opinion of modern physiologists and dietitians. Hutchison, in the latest edition of his authoritative work, Food and Dietetics, speaks highly of the value of sugar as a muscle food and recommends it to captains of football teams as a promoter of endurance. He says, indeed, that it should not replace vegetables in the child's dietary and thinks there is an increase in the number of cases of diabetes owing to its abuse, but his general tone is most favorable to the free use of sugar. We are only beginning to recognize that the love of candy and jam in children is an instinct implanted by Nature. The thrashings given to children in the past for raids on the pantry cupboard form an ugly monument to our ignorance of one of Nature's beneficent plans. Sugar is a valuable muscle food as well as a necessity to the child's large proportion of adipose tissue. It is wise to give pure sugar freely to the young, avoiding simply the purchase of the cheaper kinds of candy, which contain adulterants added to give consistence and color. The best time to give it is immediately after a meal.

Coincident with the general abandonment of alcoholic beverages or the substitution of moderation for excess in their use, the American public has become devoted to candy and other sweets. Our chefs now yield too none in the preparation of delicious ices and other desserts, or second courses, while our candies are exported to Europe. London, it is said, is being taught to love our ice cream soda, our "sundaes," and similar interesting if somewhat cloying mixtures. The connoisseur of wines or whiskeys is never a candy lover; in some way the alcohol does the duty of sugar in his organism. Sugar and chocolate form part of the soldier's ration and, since the abolition of the sailor's daily grog, Jack has become such a lover of candy that tons of it are carried in the ships of the navy and a large part of his pocket money goes in the purchase of wholesome bonbons. A sherbet before the game is universal at our dinners, the demand for sugar refusing to be delayed till the end of the meal. Fortunately the cost of sugar has been greatly lowered during the past few decades and sugar is no longer a luxury on the farmer's table, while the penny candies of harmless barley sugar are to be found in every village grocery and stationer's shop.

Whatever effect sugar may have on the teeth is probably local and is to be counteracted by careful brushing. The system of repletion and the child that eats obviously too much candy should be made the subject of a clinical examination.—N. Y. Med. Jour.

"He that brings sunshine into the lives of others cannot keep it from himself."

Digitized by Google

SOCIETY PROCEEDINGS

AMERICAN PROCTOLOGIC SOCIETY

Thirteenth Annual Meeting, held at Los Angeles, Cal., June 26 and 27, 1911.

(Continued from page 404.)

Syphilis of the Ano-Rectal Region.—(By Lewis H. Adler, Jr., of Philadelphia, Pa.)—The author related the history of two cases of syphilis in which no outward visible effects of the patient's grave condition existed, except about the anus. In both instances, the anus was surrounded by syphilitic condylomata; the parts were bathed in a fetid sero-purulent discharge and the patients' mouths were affected with mucous patches. In one case the patient was markedly improved by the use of salvarsan and the other one improved under the ordinary mercurial treatment, but disappeared from observation before a cure could be affected.

The writer then took up the consideration of the usual manifestations of the disease as affecting the localities under consideration, stating that the primary lesion—always a chancre—occurs about the anal region much more frequently than is usually supposed. That chancre of the rectum proper, in this country, is a very rare occurrence. Where sodomy and other unnatural vices are practiced, infection may, and, possibly does occur with greater frequency. That females are oftener affected than males, and while the occurrence of the intial lesion about the anus or within the rectum of men, is almost positive evidence of the practice of sodomy; in women, the possibility should be remembered of the infection of these parts arising through contact with the male organ, or from the vaginal discharges.

That the diagnosis of all doubtful cases of syphilis can now be definitely determined when the patients blood shows a positive Wasserman reaction and by finding the presence of spircheta pallida.

Attention was called to the fact that cases of ano-rectal syphilis develop the usual symptoms of the disease as when it affects other parts of the body, and, next to the mouth and throat, the anus is the most frequent site for mucous patches.

Attention was called to the hereditary or congenital form of the disease; and, among the tertiary lesions, the following principal varieties were enumerated: Gummata; destructive ulceration; stricture; ano-rectal, and, proliferating proctitis.

The article concluded with a brief consideration of the treatment of the disease in which attention was directed to the necessity of care being exercised in looking after the hygiene in all its phases; that the constitutional treatment of the disease should not be commenced until a positive diagnosis is established; that as no one form of mercury, or any one of the various methods of its administrations may be employed succesfully in all cases, the individual requirements of each person should be the guide.

Ehrlich's remedy—salvarsan—had in several instances been employed with excellent results, but the author would not depend upon its employment alone, believing that mercury should supplement its use.

In the use of salvarsan, it was advised that no one treat patients with it, except those specially trained in its preparation and administration.

Foreign Bodies in the Rectum.—(By T. L. Hazard, M. D., of Pittsburgh, Pa.)—The paper consisted mostly of a recital of four recent cases of foreign bodies in the rectum. Two were in children, in which the substances were accidentally swallowed, and the other were adults who introduced the bodies directly into the rectum through some perversion:

Case 1.—Baby girl, two years old. Referred for dysentery of three months' duration. The chief symptoms being bloody stools, mucus and tenesmus. No digital or other local examination had previously been made. Examination with the little finger showed the presence of something lying across the bowel, low down. A guarded pair of scissors was introduced and this body was easily cut in half and removed. It proved to be a match, or at least, nearly two-thirds of one. Although the ends of this match were firmly fixed in the sides of the intestine, no abscess followed. Recovery was rapid and uneventful.

Case 2.—Boy, a little older than the first case. The symptoms, conditions and procedure were the same as the preceding case but the foreign body was a bone from a frog's leg.

These cases show the necessity for rectal examinations. In one case a bacterial microscopical test had been made but was rather misleading than otherwise.

Case 3.—Self-introduction into the rectum of a prescription bottle, a "Baltimore oval," 3 oz. The mouth was upward. After considerable trouble it was removed by means of a blunt hook. It had been in the bowel for three days. No anesthetic necessary. The case progressed without any untoward incident. He gave no reason

Digitized by Google

for his action, and no questions were asked, as he would not have told the truth.

Case 4.—Adult, aged 45. Had been a cow-puncher. At present has no occupation. Came to Alleghany General Hospital. Examination showed the presence of a very thin beer glass, 2 inches wide at the top, and 3½ inches tall. Sphincters contracted. No bleeding and but little discomfort. In attemping to remove it it was broken. After it was extracted there was considerable bleeding from the rectum. He developed pelvic peritonitis and a rather large tumor developed in the left iliac region. This passed away and he was discharged in about there weeks, not altogether well of the pelvic pains.

General treatment in all cases was rest in bed, with frequent washing of the bowel with a 1 per cent solution of creoline and normal salt.

The Limitation of the Use and the Method of Employing Local Anesthesia in Rectal Surgery.—(By Lewis H. Adler, Jr., M.D., Philadelphia, Pa.)—The author quoting from a recent article of a distinguished proctologist states: "Patients seriously object to a general anesthetic and because of this and the fact that most minor ano-rectal operations can be painlessly performed under local anesthesia induced by sterile water, or a one-eighth of one per cent eucaine solution, I have discarded general narcosis in about eighty per cent of my rectal operations."

In taking exception to this general statement he questions the wisdom of sending it broadcast and advocating a method which in the hands of one not particularly skilled in rectal work would in his opinion only lead to disaster.

He calls attention to the water logging of the tissues, when sufficient anesthetic be used, whether cocaine, eucaine, sterile water, or other agents and to the subsequent retarding of the recovery of the patient and the danger of hemorrhage from allowing patients to be about on their feet, citing a case which proved conclusively the force of his arguments.

The author claimed a thorough understanding of the underlying conditions can rarely be made without the aid of general anesthesia. The latter when administered by a competent anesthetizer is not attended with any more danger or risk than the indiscriminate employment of local anesthesia.

He calls attention to the fact that it is essential to remove the anesthetic when the sphincter is divulsed, as deep inspiration thus induced would cause too much of the drug to be inhaled suddenly, and might cause alarming or fatal results.

Rectal diseases, which may be treated under local anesthesia he considers under two divisions: (1) Those admitting of office treatment; (2) those requiring treatment at home or in a hospital.

In the opinion of the author external piles or other excrescences around the anal region, some fissures in-ano, and abscesses (of not too large an extent), are the only affections coming within the range of operations which can with propriety be performed in the office under local anesthesia. He warns the operator that trivial fistulas, often have diverticulae and are not readily discoverable except under general anesthesia.

Under the second heading he speaks of internal colostomy and internal hemorrhoids and warns the operator that the temperament of the patient must always be taken into account. Highly nervous patients will not stand manipulation of the intestines and the abdominal muscles are apt to be rigid.

The author mentions the different drugs used in local anesthesia, the vibratory method of Hirchman, the method used in getting the part anesthetized and the after treatment.

The trend of the article is not to throw cold water on the valuable procedure of local anesthesia, but to insist that the cases must be suitable and in the hands of men of experience.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

*Twenty-fourth Annual Meeting, held at Omaha, Neb., September 7 and 8, 1911.**

The President, Dr. Donald Macrae, of Council Bluffs, Ia., in the chair.

An address of welcome was delivered by Mr. Francis A. Brogan, of Omaha, which was responded to by Dr. J. M. Bell, of St. Joseph, Mo.

President's Address.—President Macrae delivered an address in which he made a plea for early scientific examination in all cases.

The Medical Examination of Prostitutes; Its Influence on the Spread of Venereal Diseases.—Dr. Thomas M. Paul, of St. Joseph, Mo., discussed this subject under four separate heads: 1. Can these diseases be

*A brief notice of this meeting, and a list of the officers elected appeared in our last issue.

Digitized by Google

readily detected in the prostitute? 2. If found infectious, can the prostitute be induced or compelled to remain under treatment until her disease is cured, or, at least, no longer transmissible? 3. Would the examiner take cognizance of the fact that infection of the prostitute and transmission thereof to her patrons, may occur between examinations, or would he eliminate such a contingency by requiring every brothel visitor to subject himself to investigation and furnish the harlot with a certificate of health, furnished the prostitute by the physician, put a premium on licentiousness by inducing a feeling of security in those who would otherwise fear venereal infection?

In order to pass on a woman's freedom from venereal infection, the author stated in detail what the examination should consist of, and said that while the moralist might consider the fear of venereal disease a poor reason for leading a virtuous life, yet the physician was looking at this matter from a practical standpoint, and it was hardly fair that the weak or even the ignorant should be tempted by a certificate that promised perfect safety only when its statements were based on the most exhaustive examination of the prostitute who held it—an examination scarcely to be expected under present conditions. The writer had no desire to condemn unreservedly, and class as worthless, hasty and superficial examinations, but he did want to emphasize the grave responsibility assumed by the physician who signed a health certificate based thereon.

Dr. J. M. Bell, of St. Joseph, Mo., said that young men looked upon venereal diseases very lightly because they did not realize the possibilities of danger involved. They were entitled to protection. The men of today would be much the same as those for generations and generations; they would expose themselves to infection, and they were entitled to protection as much as any others who might be more or less careless. He thought this matter ought to be taken hold of in a municipal way fearlessly, in all its unpleasantness, in all its frightfulness, and should be looked at squarely and dispassionately, and it should not be handled from the standpoint purely of morality, but from the point of view of pure science.

Dr. P. I. Leonard, of St. Joseph, Mo., said that cities would not pay for the examinations that Dr. Paul referred to, and therefore they were to some extent out of the question. The examinations that were made were superficial, but they should be made in accordance with the very clear description given by the author of the paper. The medical profession was interested in the sociological problem of preventing disease, and of insuring posterity with a good physical body as well as with a good mental body. He had given the subject considerable attention and thought, and had found that our economic and social conditions would not permit young men to get married early in life, and consequently they would expose themselves to venereal diseases by being aggressive in this direction. Physicians were cognizant of the ravages of venereal disease, but the older men set a bad example by frequenting houses of prostitution, and this example was more pernicious than the fear of venereal disease to the young man, and until we got a race of older men who persisted in leading clean lives, we could not reach that point where venereal disease would be reduced to a minimum.

Dr. E. T. Shelley, of Atchison, called attention to a little pamphlet which was published a number of years ago entitled, A Physician's Letters to His Son in College. He said this was an excellent contribution, and was prepared originally by Colonel Charles E. Woodruff, of the United States Army. He had had several copies of this pamphlet on hand and had given them to young men in whom he was very much interested. This pamphlet had exerted an influence on them, and this beneficial influence they had taken seriously to heart.

[To be continued.]

Dr. J. A. Watermann, formerly physician at the Missouri penitentiary, has been appointed superintendent of the hospital for the insane at Farmington, and Dr. W. S. Hutton of Fornfelt and Dr. J. A. Tiller of Bloomfield, were appointed assistant physicians to the same institution.

Dr. Ferguson Ill.—We learn with deep regret of the serious illness of Dr. Alex. Hugh Ferguson, the Chicago surgeon, extending from August 1st, when he was stricken down. The Fortnigthly adds its sympathy to that of the doctor's hosts of friends, and hopes for his early restoration to health.

A Hospital for Pellagra.—Atlanta, Ga., is to have the distinction of establishing the first hospital in the world entirely devoted to the care of patients suffering from pellagra. This institution, which is an annex to the Tabernacle Infimary, will be opened on September 11, and offers accommodations for twenty-one patients.

Digitized by Google

TO THE FRONT
SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Dr. W. R. Jamieson, who has been for some years located at Torreon, Coah., Mexico, has removed to El Paso, Texas, where he is located in the Anson Mills Building.

Battle Creek Sanitarium.—Standing out in the fore front of medical successes of the present generation there is no one American institution which can be compared with Battle Creek, unless it be Rochester and the Mayos. The history of Battle Creek Sanitarium is interesting. It was organized forty years ago as the "Health Reform Institute" and housed in a little two-story frame form house; ten years later, after various vicissitudes, it was reorganized under partially changed auspices and was given its present name, the word "sanitarium" having then been added to the English language and being an adaptation from the word "sanatorium" which, according to the then definition, did not cover the scope and purpose of the institution. From this time on the Battle Creek Sanitarium prospered, buildings one after another were erected and so soon as erected were filled. The number of patients accommodated the first year was 106, the number in 1906-1907 was 2,800, and during the later year mentioned there were entertained better than 4,000 guests who are not enumerated as patients. The work of Battle Creek is arranged to emphasize diet, hydrotherapy, mechano-therapy and systematic and regulated exercise; it appeals to the well as much as to the sick and invalided. But with the progress of time the institution has recognized the call for a scientific and able medical and surgical conduct beyond that planned in the beginning and there has been done, for many years, in this institution, a tremendous amount of surgery of all classes and its medical work though not emphasized is excelled nowhere. Its present medical staff is ably congregated and includes thirty physicians who are assisted by 200 nurses and attendants. The so-called physiologic methods are the strong feature of the institution, but it is ready for any emergency, surgical or otherwise. Especially is Battle Creek famed for its baths; it is this which most strongly attracts others than the sick, and they are singularly effective in many forms of sickness. Battle Creek has taught America the possibilities of hydrotherapy, but, knowing it, the American profession has been slow to adopt such of the procedures as might easily be adopted. Battle Creek especially appeals to persons with functional and chronic ailments and to convalescents, patients who are beyond the hope of absolute cure are so frequently made easier and their condition bettered by the Battle Creek regimen that a considerable population of the institution belongs to this class. Battle Creek's attitude toward the profession of the country has ever been one of appreciation and co-operation, every department of the institution is open for inspection to reputable physicians and every courtesy is extended to those who may accompany or send patients there; this is, in itself, the second strong reason for the prosperity of the institution; the first reason is, naturally, the methods of treatment employed. The chief medical officer, and ruling spirit of this famous institution, is Dr. J. H. Kellogg, who has a national reputation as a conscientious scientific man, who has been largely responsible for the high position occupied by this institution.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX WEDNESDAY, OCTOBER 25, 1911. No. 8

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL, M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

NEURO-FUNCTIONAL DISTURBANCES IN CHILDREN AND BEST TREATMENT TO PREVENT AND CORRECT RESULTANT DEFORMITIES.*

J. W. COKENOWER, M. D.

DES MOINES, IA.

The functional disturbances in children due to diseases of the nervous system are of much importance, especially so, when statistics show 15 per cent of all children die before they reach the age of five, and 75 per cent of the remaining number suffer from various diseases of the brain and nervous system which plainly shows the etiological importance of subject under consideration. I have drawn largely from the Iowa Children's Home in Des Moines, and reports from Dr. Lovett of Boston and Dr. Judson, of Philadelphia, in preparing this paper.

The first imporant fact to be considered is the rapidly growing brain of the child which doubles its weight in the first two years and increases rapidly until about seven, and this active state of nutrition in the brain, renders the organ liable to disease which would not affect the brain of an adult.

The accelerated circulation of the child, no matter whether it be venous or arterial, or inflammation of some important organ—the brain will ultimately be the recipient and must pay the debt of consequent functional disturbances.

The disordered intellect, altered sensation and impaired motion are prime factors difficult to overcome in childern while in adults the contrary because they are able to assist in the subjective as well as the objective symptoms in ascertaining the cause.

The "sign language" of infants and children, carefully studied, will materially assist in diagnosing the real cause and affords one of the best features of an examination and is all the more efficient when the child is sleeping.

The digestion controls, to a large extent the functions of the nervous system, and vice versa, and when nausea, vomiting, constipation and flatulency exists, there will always be functional pain, as well as nerve disturbances, and to overcome either of the latter, the former must be corrected.

The respiration may also assist in promoting functional nerve disturbances, when it is irregular, inequal or spasmodic and is often called cerebral breathing and not noticed until the brain is diseased, and the short hacking cough does not always indicate lung, but often brain trouble.

The predominance of the spinal over the cerebral system in early life is the most prolific cause for convulsions in children and the frequency of the phenomenon and the great variety of circumstances in which it occurs, render it very difficult for us to rightly interpret its meaning, but in many instances, convulsions in the infant correspond to delirium in the adult, and does not always indicate any disease of the brain or nervous system, but a functional disturbance to those anatomical peculiarities of the other organs of the body which the nervous system must stand the blunt, and are not always severe at first, but are to be dreaded when they assume a more formidable appearance, affecting one or the other side, upper or lower extremities, producing diplegia, monoplegia, hemiplegia or paraplegia, all of which may be due to lack as well as excess of blood to the brain.

The remark once made by Prof. Jenner that more mistakes were made by "not seeing than by not knowing" is not without a lesson, and helps to confirm the fact that

*Read before the Tri-State Medical Society at Ft. Madison, Iowa, September 27, 1911.

Digitized by Google

more mistakes are made in diagnosis than in treatment.

In the treatment of a simple headache scientifically, the field of medicine must be thoroughly examined to know the etiology of one or more of the myriad diseases producing it, all or which must be known to successfully cure a simple headache.

How much more, then, is it necessary to successfully treat the nervous system, especially to that extent to obviate deformities produced by or through the nervous system, for one to know thoroughly, not only the nervous system but the entire human system and everything that would hinder or augment its normal development.

The functional disturbances of the nervous system having been briefly considered from an etiological standpoint, I will now take up the pathological, physiological and muscular factors involved in producing the deformities and the best treatment to prevent and correct the different kinds caused by or through the nervous system, especially infantile paralysis.

The nervous system being well understood, a line of treatment can be used that will lessen the chances for deformities and mitigate existing ones.

The deformities are largely, if not wholly unnecessary and usually of two kinds: First, statis deformities resulting from super-incumbent weight coming on structures imperfectly supported by the paralyzed or weakened muscles or by the weight of some part dragging and stretching the structures; such are valgus deformity of the foot, hyperextension of the knee, dislocation of the hip, scoliosis, dislocation of the shoulder and some cases of talipes equinos, and second class by muscular inequality or from the action of muscles whose antagonists are paralyzed or weakened and these unopposed muscles cause distortion of one or more joints by their continued pull, which is not antagonized by their paralyzed or weakened opponents, a proper muscular balance being required for joint equilibrium. Such deformities are equinus, varus and calcaneous deformities of the foot and their combinations with those cases of valgus caused by paralysis of the tibials, one or both, flexion deformity of the knee or hip, and cases of scoliosis, where the muscles of one side of the spine are paralyzed and weakened, which are all instances accompanied by muscular contractions on the shortened side.

It can be predicted in advance, in most instances what a definite muscular paralysis will produce in the way of deformity. For example, in a flail leg unable to bear weight, the constant plantar flexion of the foot will induce talipes equinos; if the patient can bear weight on a generally weakened leg, a valgus will result from improper support of the foot from the tibial muscles.

If the anterior muscles are paralyzed, then equinos deformity will ensue with contraction of the tendo achilles. If the posterior, then contraction of the tendo achilles takes place. If the posterior muscles are paralyzed, the patient will walk on his heel and a calcaneous deformity be produced and paralysis of the upper arm is more frequent than the forearm and the deltoid most frequently, and often in conjunction with the biceps and triceps.

The study of the merits of the muscles having been considered, it is not difficult to tell beforehand the kind of a deformity that will be produced, thus being fore-warned will be fore-armed; hence, the deformity should be reduced or kept to the minimum, if not relieved altogether, by keeping the limbs in the normal axis of the body.

The treatment can only be discussed in a general way in this brief paper. Quietude in a recumbent position is of paramount importance in the early stages, and drugs and counter-irritants are of general doubtful utility, yet in some cases plainly indicated and as the absorption of toxins from the intestinal tract is an important factor, it would seem reasonable to empty the alimentary tract with a cathartic.

Paralyzed limbs should be supported in a normal position, muscular dragging and stretching should be avoided, and the foot sustained at right angles to the leg with convenient mechanical appliances. Massages and electricity are not best used in the early stages but can be used later on to good advantage.

The preliminary treatment having passed, then the partly paralyzed muscles must be stimulated to activity and disused and stretched muscles must be relieved and when this is done, often become valuable, as for instance, when the anterior muscles of the leg and foot are seemingly paralyzed in equinus, and by cutting the tendo-achilles relieving the tension of the anterior muscles, they contract and become normal and the same thing may occur in other parts of the body.

So the absence of functions in a muscle or group of muscles does not necessarily mean paralysis, even in the later stages of the affection, is now conceded by neurologists. In established paralysis, orthopedic apparatus is intended not only to make locomotion possible, but to prevent deformed

Digitized by Google

positions in standing and walking and this to prevent muscular stretching and especially when standing the foot should not be in valgus, varus or equinus position, and whenever the paralyzed limbs cannot be put in the normal axis of the equilibrium of the body by means of mechanical appliances, then tendon or nerve grafting, or anastomosis or transplanting, myotomy, tenotomy, arthrodesis, exsection, resection, osteotomy or osteoclasis should be used.

CONCLUSION.

1. There is nothing more important in the treatment of children than the nervous system and resultant functional disturbances, yet there is no branch of medicine in which our knowledge is so deficient.

2. The functional nerve or paralysis existing, the muscles and tendons affected can easily be ascertained and the kind of deformity foretold and necessary treatment given to correct existing and prevent impending deformities.

3. The disused, contractured and stretched muscles are often mistaken for paralyzed ones, and possess a possibility of function when relieved of their environments and massage, inunction, and muscle building treatment properly given.

4. The necessary prophylactic orthopedic treatment having been given and the deformity still exists, then surgical and mechanical interference is necessary, to the end that the best function of the limb or limbs has been obtained and sustain the body in its normal position.

REFERENCES.

1. Ashley, D. D., Am. Jour. Obst. and Diseases of Women and Children, April, 1911.
2. Flexner, Simon. Jour. A. M. A., Feb., 1911, p. 585.
3. Gillette, A. J., Jour. Minn. State Med. Soc., Feb., 1911.
4. Lorenz, Adolph, Med. Rec., Vol. X, December, 1908.
5. Lovett and Lucas. A. M. A. Journal, Vol. 51, 1908.
6. Osgood, R. B., Jour. A. M. A., Feb., 1911, p. 1145.
7. Parker, G., Bristol Medical Jour., England, March, 1911.

601 Walnut Street.

Preliminary plans for the new Cook county, Ill., hospital have been completed by the county architect. The main portion of the new structure, first to be erected, will cost between $2,000,000 and $3,000,000. It will be nine stories high, 950 feet long and 59 feet wide, fronting on Harrison street, and will accommodate approximately 1,300 patients. On the ninth floor of the building will be seven operating rooms and two amphitheaters, together with the necessary anesthetic and recovery rooms, etc. There will also be four roof-gardens at the disposal of the patients.

SOME THYROID PROBLEMS.*

CARL B. DAVIS, M. D.
CHICAGO, ILL.
Instructor in Surgery, Rush Medical College.

The purpose of this paper is to touch upon some of the more interesting portions of the subject of thyroid disease rather than to cover thoroughly any one portion.

Since Moebus, in 1887, associated exophthalmic goiter or hyperthyroidism with hypersecretion, or some disturbance of function of the thyroid gland, there has been a gradual broadening of our knowledge of thyroid activity. Bauman showed the presence of an active element which he called "iodothyrin." This substance, when given to man or animals, causes increased heart action and reproduces to some extent, in some individuals, the picture of hyperthyroidism. The work of Furth and Schwartz has shown that iodized blood-albumin has about the same activating power, suggesting that the action of iodothyrin may be dependent upon the contained iodin.

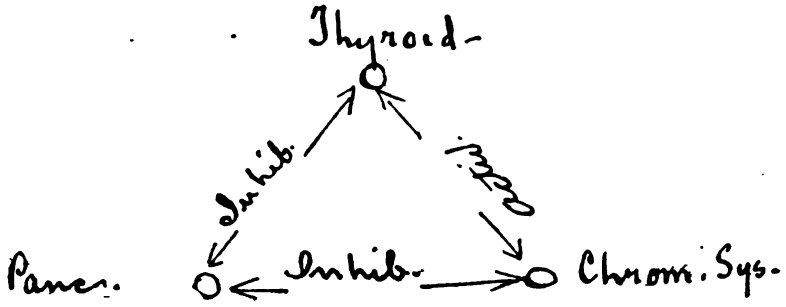
Rogers and Beebe have isolated two products from the thyroid, which they call nucleo-proteid and nucleo-globulin. The former is found in greater abundance in these goitres in which the epithelial elements predominate, while the nucleo-globulin is found in greater amount in those goitres where the colloid element is greatly increased. Nucleo-proteid contains more iodin, and when injected causes a marked stimulation of the sympathetic nervous system, simulating closely the clinical picture of hyperthyroidism. Nucleo-globulin seems to have a more universally activating influence. With the presence of two or more products of internal secretion, we may attempt an explanation of the apparently paradoxical picture of hyperthyroidism associated with myxomatous changes. Myxedema following hyperthyroidism has led Marine to suggest that myxedema is the final stage of exophthalmic goitre. If this were true, it seems that such a picture should be met with far more frequently than at present. It may result, however, as Marine suggests, that in the exhausted state of the gland, the relation of the various groups of products in the internal secretion is so disturbed that very irregular results might be expected.

The inter-relation of the glands of internal secretion is appearing as a complicated inter-reaction of functions which, when disturbed, results in disease. Eppinger, Rudinger and Falta have indicated by

*Read before the Tri-State Medical Society at Ft. Madison, Ia., September 27, 1911.

Digitized by Google

experimental work a combination of function of the thyroid pancreas and chromaffin system (chromaffin cells of the sympathetic system and adrenals, producing adrenalin) which results in a mutually activating influence between the thyroid and chromaffin system and an inhibiting action between the thyroid and pancreas, and between the pancreas and the chromaffin system. These relations might be expressed diagramatically by the following figure, as suggested by Rogers:



The internal secretion of the pancreas was first demonstrated by Minkowski. He showed that removal of the pancreas results in glycosuria. The test tube experiment of Cohnheim shows that muscle juice is able to oxidize dextrose only in the pressure of pancreatic internal secretion. Falta, by adding thyroid extract to the mixture of sugar, muscle and pancreatic extracts checked the oxidization of dextrose through the inhibition of pancreatic action by thyroid extract.

Dogs show a glycosuria after injection of adrenalin because of the inhibiting action of the adrenalin upon pancreatic secretion. Dogs show no glycosuria upon injection of adrenalin following thyroidectomy, but the glycosuria appears in these same dogs in proportion as thyroid extract is administered, demonstrating the inter-relation of thyroid, pancreas and chromaffin or adrenalin producing system.

Glycosuria is not an infrequent finding in exophthalmic goitre. Sugar tolerance of most persons with hyperthyroidism is lowered. Murray reports four cases of diabetes following exophthalmic goitre. Billings has suggested giving an excess of sugar to borderline or obscure cases to determine the presence of lowered sugar tolerance. The following cases are especially interesting under this test:

Mrs. S., age 47 years, three normal pregnancies; goitre for eight years with no recent changes; menopause about complete. Recently complains of "nervousness." Shortness of breath has been present for years but more marked recently. Examination, no exophthalmos; goitre larger on right side; heart dullness one-half inch outside nipple line; pulse 115, somewhat irregular; mitral regurgitation; slight tremor; no gastro-intestinal distress; urine, no sugar and no albumin. Question of diagnosis between hyperthyroidism and failing cardiac compensation.

Patient was given 75 gms. of glucose on an empty stomach; glucosuria present for twelve hours. Right lobe of thyroid removed; marked glycosuria for several days. Sugar disappeared entirely at end of first week, and urine has been normal to date—ten months. Heart dullness is in line of a nipple; pulse 88, regular; mitral condition much improved; tremor disappeared and condition of nervous system much improved.

Mr. B., goitre for several years; gives a history of being "cured of diabetes several times" under restricted diet. Examination, no exophthalmos; thyroid symmetrically enlarged; heart one-half inch outside nipple line; pulse 110-135, rhythm good; mitral regurgitation; tremor; urine negative. Glucose on empty stomach resulted in a temporary glycosuria; arteries of both superior poles ligated; heart condition improved somewhat; pulse averaged 100; glycosuria has not appeared in three years except on one occasion when patient was operated for gall stones and empyema of the gall bladder.

The relation of the thyroid gland to the female pelvic organs is seen in the frequent enlargement of this gland during adolescence, pregnancy and the menopause, the periods in which there seems to be the greatest changes in ovarian function. The relation of the thyroid gland to the parathyroids is recognized, and there is a broadening conception of the relation to the hypophysis, thymus and other ductless glands.

At times a patient is seen with all the symptoms of exophthalmic goitre, but no goitre is recognized. This may be due to the fact that the goitre is lost to view in a

Digitized by Google

fat neck—there may be a symmetrical enlargement—the goitre may be retrosternal or hidden behind the sterno-mastoid muscle. Or the gland may undergo some internal change without any change in size.

Pierre Marie has called attention to a division of exophthalmic goitre into primary and secondary types. The primary group are those in which the symptoms are concomitant with the enlargement of the thyroid. This form appears under the microscope as a parenchymatous overgrowth, the epithelial elements forming the greater part of the tissue. The secondary goitre is more common in regions where goitre is endemic. The goitres in these cases have been present and recognized for years before the symptoms develop. This type is seen under the microscope as an ordinary colloid goitre and has nothing to distinguish it microscopically from the average colloid overgrowth. According to Melchior spontaneous recovery in this group is practically unknown. I have watched three patients with secondary exophthalmic goitre, six months to two years before operation without any marked improvement for any length of time. Since operation two have returned to almost normal condition, while the individual who delayed two years, though not normal, is much improved.

How wide a range is covered by the diagnosis of exophthalmic goitre? This is especially valuable from the surgical standpoint. The diagnosis was made formerly only in those cases where all the cardinal symptoms were present—exophthalmos, goitre, cardiac changes, tremor and gastro-intestinal disturbances. It is now recognized that one or more of the symptoms may be absent. Kraus has called attention to those cases where the heart alone shows changes. This symptom he has called a goitre or thyreo-toxic heart. Kocher asserts that this heart symptom of Kraus is an early or intermediate stage of exophthalmic goitre, and is a positive indication for surgical interference. I have removed one lobe of the thyroid gland in two cases of this kind with marked improvement in both.

The cardiac changes seen in the average case show in varying degree, increased rate and irregularity of the pulse, increased heart dullness, and loss of heart tone, shown in the permanent or readily produced dilatation. Kocher early reported that the heart changes cleared up following operation. His late reports are not so favorable. He compares the improvement following operation with the effect of digitalis on a heart with mitral disease. Landstrom reports that it is not the rule for heart dullness to return to normal limits. Two of my own cases—a thyroidectomy, and a ligation of both superior poles, have subsequently gone through pregnancy without any cardiac distress. Kuttner maintains that the longer the condition persists, the lessened are the opportunities for a cure. With a history of two years, the chances are but mediocre, and with a disturbance of four years, the cures are almost nil.

Post-operative death in hyperthyroidism is usually a heart death, the pulse rate gradually increasing in rapidity and decreasing in strength until the end—usually within a period of thirty-six hours. The etiology of this is not definitely known. It has been suggested that it is due to the expression of the secretion of the thyroid into the general circulation during operation. However, death is not produced experimentally by injecting animals with the entire quantity of the gland. Hirst has collected a series of cases, in which operation was performed on persons with exophthalmic goitre, for other conditions—71 in all with a mortality of about 19 per cent, showing death is not due to manipulation of the gland. Landstrom has suggested it was due to general anesthesia, but Mayo reports that his work has shown about the same mortality under local as under general anesthesia.

In some cases, at least, heart death is dependent upon persistent hyperplasia of the thymus, and an associated disturbance of the lymphatic apparatus. It has long been known that enlarged thymus is not infrequent in hyperthyroidism. Thorbeck in thirty-five autopsies where patients died with exophthalmic goitre, found enlargement of the thymus twenty-one times. Muller of Munich first described a cervical lymphatic hyperplasia as an almost constant finding in exophthalmic goitre, while a general lymphatic adenopathy and splenic enlargement were less frequently associated. Muller has suggested that this lymphatic disturbance is due to something generated in the thyroid gland.

Kocher has shown that the blood findings of exophthalmic goitre are similar to those of other chronic intoxications, hence we might assume the production of some toxin in hyperthyroidism. This idea is further carried out by the fact that—

a. This blood picture is reproduced by an excess of thyroid feeding.

b. The blood returns to normal when the excess of thyroid is checked.

Digitized by Google

c. The blood returns to normal following thyroidectomy in hyperthyroidism.

Internal medical men, as a rule, advocate surgery only after internal medication has failed. Rogers advocates the use of a special serum and presents some very favorable cases. Surgeons of the clinics with the largest goitre material advise early operation before the patient goes on to a more serious condition, before the heart muscle has been permanently injured.

Heart insufficiency has been advocated as a contraindication to surgery. But Rehn insists that where proper response is not obtained by rest and mediation, many cases about to die may be rescued by surgery. Albuminuria has been suggested as a bar to surgical treatment. Landstrom reports that 25 per cent of his cases show presence of albumin in the urine. Glycosuria and diabetes are no longer considered contra-indications. Muller reports a case with an ordinary goitre and diabetes, in which the diabetes completely disappeared after removal of the goitre. The mortality varies from 1½ per cent to 8 per cent. The cured average 85 per cent; the unimproved are about 5 per cent. The remainder might be classed as improved but in a precarious condition. Kuttner reports from his clinic that among those who have survived operation, there have been no deaths from exophthalmic goitre.

Recurrences at times are confused with incomplete primary relief following operation due to—

a. Incomplete removal, or

b. A small centre causing disease has not been removed. These cases as a rule respond to ligation of remaining upper pole. An interesting case occurred in the service of one of my associates. A year after hemistrumectomy for hyperthyroidism, a patient returned stating that there had been a gain of thirty pounds and normal health, but recently there was a slight return of cardiac symptoms with the appearance of puffy places on the face, trunk and legs. This was apparently a recurrence of hyperthyroid with myxedema. Ligation of the remaining upper pole resulted in disappearance of all symptoms.

122 So. Michigan Blvd.

The Gift of a Hospital, to be known as the John A. Andrew Hospital, has been made to Tuskegee Institute, in Alabama, by Boston friends of the institution, according to word received from the president of the institute, Booker T. Washington. The donors of the building do not wish their names made public.

THE VENEREALS AND THE SCHOOLS.

G. HENRI BOGART, M. D.

TERRE HAUTE, IND.

Some time since a young man, a graduate of a great university, who has been taking a lively interest in my work along the line of eugenics asked me for some reprints and extra copies that he might send them to a physician of the university city, and learning that I should soon visit the city in question, he asked me to mail the papers direct to the doctor, with a personal letter, which he would supplement.

A lively correspondence ensued, so that when I made the trip, it was not for one day, but contemplated an indeterminate stay, that would enable me to make a complete investigation.

I found my correspondent, himself an alumnus of the college, living in fine style with all the accessories of a plentiful income. He is par excellence, a specialist. With a lively interest in the combat against the venereal poisons, he gave me the fullest confidence.

When the autumn term opens he mails a covered card to each of the matriculants, a letter of introduction, modest to the highest degree. Fortunately, he is a deep student in his specialty, a man with a broad sense of the terrible effects of these specific aliments; his treatment is the broadest of any that I have yet encountered in actual practice; he seeks the complete cure of his patients; he takes the boys into his confidence, and teaches them.

All this is a benefit to the students, and to humanity a God-send that they are protected from the fakir cormorants of society, or what is almost as bad, the regular practician, who through ignorance or carelessness, is satisfied to dry up the obnoxious flow and relieve the painful inflammatory conditions and then stop.

He keeps a complete case record, and I was somewhat astounded to learn that his annual list included almost one-third of the entire student body, and that fully 90 per cent of the graduates had been under his care, one or more times, during their school career.

Other universities may or may not have the services of so conscientious a practician, but I have not been able to learn of any other who makes this his life-work, since from the very nature of the matter—the veil of secrecy, even within the profession is so closely drawn about the venereals it is impossible for us to know accurately the definite statistics of this gnawing horror.

Digitized by Google

Through this gentleman I met an elderly gentleman, who while not catering to, or soliciting the particular practice, yet has a large clientele from the scholarship of a noted co-educational institution, and from him I learned some other surprising facts, for instance, that both sexes are represented on his lists, but through a promise to him of silence, I am not at liberty to compare their numeric proportion. The young women, some of them, were of the highest respectability and scholarship, and, the doctor assured me, that in all his thirty years of experience in this line, not once had the secrecy—so vital under our double standard of sex relationship—failed in maintenance. These facts will furnish food for some startling thought.

The Indiana State Bulletin, "Social Plagues and Sexual Hygiene," instances a case wherein a student of one of the high schools of Indianapolis—a girl—had infected near a score of the lads who were her schoolmates, and so far as the personality of the actors of the drama of degradation was concerned, there had been no publicity.

All this means that we are not pursuing the best line, in our preventive work, when we are devoting so much time and effort to attacking the public house of prostitution, in our efforts to stamp out or control the ravages of specific disease.

Recently a medical missionary of the Presbyterian Church of the South wrote me that he had noted some of the plain and radical papers along the lines of eugenics and sterilization that I had published, and asking where and how he could get more of them, so that I furnished him a complete list of such papers for the past year, that he might get and study them. In the correspondence which followed he informed me that the reputed sturdiness of the mountaineers of the southern Appalachians is a fallacy, that these people are honeycombed with venereal infection, and that the terrible ignorance of the people individually and collectively furnishes a fertile field. He came from his home in Tennessee to see me and his collection of photos and notes are a revelation.

While not at liberty to make this man's name public I will gladly forward questions of importance to him, if accompanied by the necessary postage. It is astonishing how many will write a man who is before the public for informaiton for private benefit, and fail to enclose return postage, and also how heavy a financial burden this may entail upon the man who is sufficiently good natured to answer.

I have been impressed all through life, with the (seeming) coincidences which occur, though many of them doubtless happen because of a mental receptiveness allowing the circumstance to become prominent. Shortly after the investigation of the first college mentioned, I had occasion to meet a civil engineer, and learning that he had graduated from this school, I asked him as to the doctor.

After some sparring he told me that he owed more to this physician than to any one professor of the faculty. When he had received the notification card, previously mentioned, he had gone to the doctor, and told him that as he was working his way through school, he would not prove much of an investment, in case of getting into "trouble," and that he would far rather pay for information for protection, etc. The physician was at once interested, and not only gave the desired information, but gave him literature (such literature is painfully scarce) as would inform of what every one should know.

In connection with the scarcity of this class of literature, I wish to say that a Vice Commission, consisting of the leading medical, legal, clerical, educational and sociological men and women of Chicago have been working for the past two years on the question of the social evil in that city under the auspices of the city. The results of this investigation have been embodied in a report of four hundred pages, and the first two editions were speedily exhausted. When the third edition was ready, a few weeks ago, the federal authorities refused any farther admittance of the book to the mails, and turned back a thousand copies that were in the office at the time. Comment is unnecessary.

Consequently, this man has never been infected, and more, has known the benefits of the safeguard of the normal nocturnal emission and those other little elements of protection of himself in the best of manhood.

Would for the sake of the race and of social purity that every young man and young woman could know the same.

His partner, who was working with him, had been a classmate both in this school and in their post-graduate course, and had been a victim three times during his scholastic career. Shortly after graduation he had married and a child was born within a year. Then the health of the wife broke down and an ovariotomy became necessary; the child, a winsome girl of seven is delicate, what the old pathologies describe as "of scrofulous diathesis." The father has

Digitized by Google

developed tubercular affection with hemorrhages and progressive emaciation, and with his family, has been living for a year in a tent, which he transports from place to place, as his employment necessitates such changes.

I find it difficult to present a more perfect picture of the "deadly waste of sexual crime" than this family, the father, with all his splendid mental equipment for the world's good, doomed; the wife bereft of womanhood; and the child with a predestined invalidism.

I was not allowed to make any examinations, nor to question the family, as my informant cautioned me, when he took me to see the family, that this course was not permissible. But the father, with an insistent ring in his voice, and a loving glance at the child, asked, "isn't she a healthy looking child," and with the diplomacy which makes a half truth do duty that a medical man has to learn, I answered "she is surely vivacious."

While with a bunch of newspaper men one morning, as the writers were on the "dog watch," the interval between the closing of the forms and the final issue of the edition, the young men were plying me with queries, and one of them, recently married told that while in college he had danced at a sorority function with a student whom he knew to be in the "clap class," albeit she stood high both as a student and socially. He wished to know why there was not eroticism while he clasped her form in the waltz, when he would have expected that it would have been more pronounced under the circumstances. I mention this incident, since the college in question was other than either of those which I have instanced, to emphasize the fact that the insidious poison is stealing through the halls of our schools and working its damning blight, while we are gingerly considering the feasibility of instruction in sexual matters for the youth.

Convention and ostrich-like policy are making us ignore this demon trail which is dragging its slimy way through all that is of the best of life and living.

While we are assailing the public prostitute and clamoring for restriction and suppression, we are hugging the more virulent infection to our bosoms with sublime ignorance.

The remedy lies at the distal end—the youth, no matter the sex, should be fully informed on this vital question, then self-preservation, a higher self-respect, in a word the prowess of knowledge, will do more than all the repressive and restrictive laws that can be placed on the statute books, for law is too often more honored in the breach than in the observance, and there is no law capable of legitimate enforcement, unless there be a well grounded, intelligent public sentiment behind it.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER XII.

Nearly four hundred years ago a young man studied "physick" at Paris. He was admitted Doctor of Physick in that University and he afterwards "practised Physick and wrote some books in that Science." He first settled in a town about twelve leagues distant from Lyons but after a period of several years removed to Vienna where he remained some ten or twelve years.

This man was the son of a notary of Villaneueva, Spain, by his own account poor, and his study and practise of medicine was evidently for the purpose of maintaining a living. He was sent to Toulouse in his youthful days to study civil law and began to read the Bible there. He became an Antitrinitarian, "grew fond of his opinion" and "resolved to set up for a reformer."

In 1553 this man wrote his third book against the Trinity, under the title Christianismi Restitutio, etc., in which he, first of all physicians, mentioned the circulation of the blood. In common with all his writings this book was irrationally and impolitically acrimonious, sufficiently so, in itself, aside from the antitrinitarian doctrine set forth therein, to arouse animosity especially in that age of religious persecution.

Although the book was very privately printed and the author's name withheld Calvin ascertained its author and by not extremely praiseworthy or honorable methods, influenced Catholic authorities at Vienna to arrest and imprison him. But after being confined two days, during which "he was used very well" he "asked the Jaylor for the Key of the House of Office and made his escape thro' it." Thereupon the magistrates condemned him to be burnt alive, with slow fire, and as he could not be apprehended he was burned in effigy with five bales of his books.

Digitized by Google

Meanwhile our errant doctor determined to settle in Naples, going thither by way of Geneva, hoping that "if he was discovered the Protestants would have been more merciful to him than the Papists."

In this he made a grievous mistake. Calvin, equally dogmatic in his opinions, had called this man "a profligate Fellow, full of Pride, the proudest Knave of the Spanish Nation, and a Dog." Calvin discovered that this man was in Geneva, had him arrested, and eventually burned at the stake.

Incidentally, when imprisoned, he had about him 97 pieces of gold, a gold chain weighing about 20 crowns, and six gold rings, all which he delivered to the jailor, property which he had probably gained by his professional services.

The trial long drawn out turned upon puerile personal interpretations of words and Biblical phrases. Our doctor begged they would make an end of the affair intimating that "he was eat up with Lice, that his Breeches were torn in Pieces, and that he had no other Pair nor any other Doublet or Shirt but a very sorry one." And in another letter to the magistrates he refers to his being more miserable than ever; "besides I am very much troubled with Cold, by reason of my Cholick and Rupture which occasion some other Miseries that I am ashamed to write."

In spite of appeals for justice and ordinary temporal care, and consideration for his needs, Servetus, the man of whom we speak, was at last condemned to death, to be bound to a stake and burned alive, having been arrested at the instigation of Calvin, and ruthlessly prosecuted by that reformer who "influenced most of the judges and carried things much as he pleased." That no proof might be lacking he introduced as evidence personal letters asking his personal judgment upon an article which Servetus had written to him six years before his arrest. He employed his own cook, one de la Fontaine Nicholas, to prosecute him and personally wrangled in court over shades of meaning and interpretations of Scripture.

And the foundation of all was that Servetus maintained that the Scripture called Christ the Son of God only while he was a man and that he was such only from the time of his incarnation. And that he had said that Judea was not so fruitful as it had been represented. For these and other personal opinions, publicly expressed, he was condemned by the magistrates who desired "to clear the Church of such an Infection, and to cut off such a rotten Member."

This brief history comes to mind as I observe the tenacity with which some adhere to immaterial things—immaterial as they affect the main issue—mere words not influencing the principle. It illustrates the evil of mixed professions or followings. Servetus, no doubt, with his dogmatic mind would have made his mark in the medicine of the day. But he made of it a "pot-boiler" and satisfied his pleasure in asserting his dogmas, to his sorrow, and setting a pitiful example to others to avoid his error of way. In our own day it is just as politic to let politics and religion severely alone. Let us choose our course and stick to it; and then if some other calling lures us let us forsake the one before entering the other. A representative of the people cannot attend legislative meetings and a number of sick folks at the same time; one or the other will be neglected, and if we are not burned at the stake we shall lose the confidence of the people and incur censure and opprobrium, in place of the honor and praise which might have been ours if we had followed one course faithfully and steadfastly, not turning aside to pluck wilting pleasure by the way.

It is impossible to say when dogs were first domesticated, but some of the earliest traces are found on Egyptian monuments, which date back to at least 3,500 B. C. Even in those remote days the dog was highly esteemed. Ulysses 3,000 years ago was recognized by his dog Argus after his swineherd had failed to do so. Plutarch speaks of Alchibiades, who cut off the tail of his dog, and Myron, the sculptor, immortalized the animal by chiselling his image in marble. The Romans valued their dogs, and kept them for the chase and also as pets. Alexander the Great owned a veteran fit to tackle a lion.

Ferry-Boat Tuberculosis School.—The old ferry-boat Rutherford has been loaned to the Committee for the Prevention of Tuberculosis, of New York, and a school has been established on it for children who have incipient tuberculosis. The boat has been thoroughly overhauled and supplied with many new rooms, with improvements such as shower baths, hot and cold, and comfortable chairs and couches. Good meals are served to the children, which are eaten in the open air, and all the work of the school is done on the open decks. Nurses and physicians are in constant attendance. There are accommodations also for older patients and rooms for those who care for the children.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Euthanasia Again.

The subject of euthanasia is again having a prominence in lay and professional prints, and the views expressed present the usual degrees of variance. Personally we have always been opposed to the taking of human life—even as a penalty for crime—yet we have so many times seen cases where suffering was so intense and hopeless that to delay death seemed near the acme of cruelty, yet our present ethics demand that it shall be delayed as long as the means with which to accomplish it can be found and made available. And this is as it should be, for one can hardly imagine a court high enough that we would entrust to it the selection of those who should be eliminated, certainly no medical body wishes to have this responsibility placed on its shoulders. And whether such elimination should ever be seriously considered where the patient voluntarily urges it, or parents and relatives whose hearts are torn with the suffering which is hopeless, suggest that they would welcome speedy release for the sufferer, is more of a question than we would like to decide; each man has his own opinion and each must live to his own standard at the same time complying with the laws of the land. Most miraculously hopeless cases have gotten well and have lived long and useful lives after recovery from a "necessarily fatal" disease. Hope never should leave until the breath of life has ceased, and breath has returned after a cessation which would have been permanent, but for most active and intelligent work. The sad pictures of idiocy and insanity which are today beyond medical skill and which appear to be in a class which will always be beyond medical skill may not always be so. Should governments sanction the elimination of these classes all endeavor in their behalf would be stopped. Strange and wonderful things are being done in medicine these days, and it will not be surprising if, one day, men of our profession shall be able by transplantation of organs, and by some as yet undiscovered serum to bring sanity where it was not. This would never be were the elimination of these unfortunates established in society's plan. We do not believe that society is going to give its sanction to anything of the kind today or tomorrow, nor do we believe that all this discussion of the subject is healthful; the sooner the subject is retired to the limbo from which it emerges about once in a decade the better for all of us.

Women's Arguments Against Suffrage.

During the recent campaign in California, which resulted in suffrage being granted the women of that state, a considerable body of ladies in San Francisco organized in opposition to the movement. A pamphlet giving their reasons for this opposition is interesting because it emanates from women, and because of the fundamental facts presented. They opposed the movement:

"First of all, for the oldest and shortest of reasons:

"Because man is man, and woman is woman. Nature has made their functions different, and no constitutional amendment can make them the same.

"Because the basis of government is force—its stability rests upon its physical power to enforce its laws; therefore it is inexpedient to give the vote to women. Immunity from service in executing the law would make most women irresponsible voters.

"Because the suffrage is not a question of right or of justice, but of policy and expediency; and if there is no question of right or of justice, there is no cause for woman suffrage.

"Because it is the demand of a minority of women, and the majority of women protest against it.

"Because it means simply doubling the vote and especially the undesirable and corrupt vote of our large cities.

"Because the great advance of women in the last century—moral, intellectual and economic—has been made without the vote; which goes to prove that it is not needed for their further advancement along the same lines.

"Because women now stand outside of politics, and therefore are free to appeal to any party in matters of education, charity and reform.

"Because the ballot has not proved a cure-all for existing evils with men, and we

Digitized by Google

find no reason to assume that it would be more effectual with women.

"Because the women suffrage movement is a backward step in the progress of civilization, in that it seeks to efface natural differentiation of function, and to produce identity, instead of division of labor.

"Because in Colorado after a test of seventeen years, the results show no gain in public and political morals over male suffrage states, and the necessary increase in the cost of elections which is already a huge burden upon the taxpayer, is unjustified.

"Because our present duties fill up the whole measure of our time and ability, and are such as none but ourselves can perform. Our appreciation of their importance requires us to protest against all efforts to infringe upon our rights by imposing upon us those obligations which cannot be separated from suffrage, but which, as we think, cannot be performed by us without the sacrifice of the highest interests of our families and of society.

"Because it is our fathers, brothers, husbands and sons who represent us at the ballot-box. Our fathers and our brothers love us; our husbands are our choice, and one with us; our sons are what we make them. We are content that they represent us in the corn-field, on the battle-field, and at the ballot-box, and we them in the schoolroom, at the fireside, and at the cradle, believing our representation even at the ballot box to be thus more full and impartial than it would be were the views of the few who wish suffrage adopted, contrary to the judgment of the many."

ST. LOUIS ITEMS

Dr. Rose's Residence—Correction.—In the last issue of the Fortnightly (October 10) under the title of his original contribution Dr. Achilles Rose is credited with being a resident of St. Louis. Much as we could wish that this were true the contrary is the fact, few of the profession can have been mislead by the error, as it is generally known that Dr. Rose is a resident of New York City. We are so satisfied with St. Louis ourselves that we feel that Dr. Rose is to be congratulated, even while we are apologizing to him for the error that the printer reckoned him as one of us.

College Merger.—The absorption of the Barnes Medical College by the American Medical College was announced in the lay press on the morning of October 19. It is also intimated that the College of Physicians and Surgeons is also to come in and that the American College is to be the "independent" college of St. Louis. Beyond the fact that Dr. J. M. Ball is certain to be elected dean under the new administration we have no intimation as to its officers, but there is abundant material from which to select an able corps. This merger is along the line for some time advocated by us, and we believe that it is a matter over which the colleges concerned and the medical profession are to be congratulated.

Off to Join the Army.—A few days since Drs. Guy Qualls, Chas. Castline, Omer Quade, Morris Hardaway and Chas. M. Walson left St. Louis for Washington where they will spend a year in the Medical School of the Army and Navy preparatory to examination and appointment to the Army and Navy service. Each had passed examination here for the local hospital service and one or two of the number had that service. A brilliant future is predicted for each of the young men in the new surroundings.

New Milk Ordinance.—The St. Louis Civic League has prepared an ordinance creating the position of chief milk inspector with a corps of assistant inspectors giving them power to inspect all dairies that furnish milk for consumption in St. Louis; providing for a system of licensing dairies by the board of health; and establishing a standard of ingredients. The proposed ordinance was of course vigorously opposed by the milk dealers, they claiming that it would give too much authority to the inspector and would compel a rise in the price of milk to 12 cents a quart. The bill in its present or a modified form will be introduced in the municipal assembly by the board of health.

Death of Dr. Ferguson.—Just as the Medical Fornightly goes to press we learn of the death of Dr. Alex. Hugh Ferguson, of Chicago, which occurred on Thursday morning, October 19. Death was due to a complication of diseases. Details in our next issue.

The Missouri State Sanatorium for Incipient Tuberculosis has issued a booklet, with a foreword by Governor Hadley. The book contains sixteen pages of miscellaneous information caclulated to help extend knowledge among the people of the means for preventing and relieving tuberculosis. Copies may be had by addressing the superintendent at Mt. Vernon.

Digitized by Google

CORRESPONDENCE

MEDICAL EVOLUTION.

Editor Medical Fortnightly:

We can almost mark by periods the onward steps of advancement in the practice of medicine! Year by year, new enthusiasts are added to the ranks of science, and they are inspired by the loftiest impulses to search for those truths of science which shall benefit suffering humanity. Wondrous changes are being wrought in every department of human thought. Science is advancing toward the solid ground of an intelligent civilization! No longer can superstition and ignorance impose upon an ignorant and credulous public. The fires of the alchemist are extinguished. The real has supplanted the abstract, and the metaphysical; and the sorcerer plays no more the role of physician. Instead of the false doctrines of idealism, we have the great truths which have been evolved from research into the actual and real. Science has with iconoclastic hand destroyed the images of the past; and the present century shall witness marvelous discoveries, and hygienic preventive medicine will accomplish more and more along the line of vanishing disease. The public should be educated in sanitary and hygienic science! It should be thoroughly taught in our public schools. The public school faculties would do well to have the science of preventive hygiene taught to the pupils by a practical physician. There can be nothing more important than to teach the young the laws of health and right living. All the athletics in the world will not afford immunity from disease. Pupils may turn somersaults, jump hurdles, and run foot races, but all of that will not fortify them against disease! Hygienic laws, if well learned, and observed, will do it.

The study of physiology alone, will not suffice, but etiological factors of disease, should be clearly taught and strongly impressed upon the rising generation! Impress on them to learn good trades, pursue outdoor pursuits, get plenty of fresh air, and not be afraid of hard work. Brain work and want of physical exercises, is enfeebling both young men and young women. In this age of autos, street cars and elevators—nobody walks!

D. L. FIELD, M. D.

Jeffersonville, Ind.

Subscribe for the Medical Fortnightly.

WHAT THE MEDICAL EDITORS ARE SAYING.

Rice Diet and Beriberi.—It has been known for a long time that beriberi resulted from an exclusive rice diet. As early as 1896 experiments with fowls demonstrated that polyneuritis would result in birds that were fed on polished rice but would not follow a diet of unhusked red rice. Two years ago it was proven beyond doubt by the experiments of Fraser and Stanton on Malay laborers that beriberi could be prevented by feeding parboiled rice and that it would occur under similar conditions, if the men were given polished rice. Further it has been demonstrated that the same prevention is found in undermilled rice and that the beneficial results are due to the adherent pericarp and aleurone layer and not to the process of curing. It is now thought by many that beriberi results from phosphorous privation, which is an ingredient of the pericarp, and that the phosphorus content is a good guide in the selection of a beriberi preventing rice. Experiments in the office of the Surgeon General of the Army on different kinds of rice have demonstrated there is a great difference in the phosphorus and potassium contents of the polished and unpolished samples, the latter having twice as much phosphorus and two and one-half times as much potassium.

In order to determine the effects of various Philippine rices on fowls and to use the knowledge thus acquired in the selection of a proper rice for the native troops, Chamberlain, Bloombergh, and Kilbourne conducted a series of experiments on fowls, covering a period of nine months, as reported in The Philippine Journal of Science. It is a question of debate whether the polyneuritis of fowls is strictly analogous to beriberi in man, but experiments have been conducted with the former by many investigators, since the disease is so easily produced in these birds. These experiments found that all birds fed on polished rice alone, sooner or later developed the disease. It was discovered that, when phosphrous and potassium were added, there was no decrease of mortality, some of the fowls even dying sooner than when they were fed the rice alone. In another group of experiments fowls were fed on two kinds of unmilled rice, none of whom developed the neuritis. Then arose the interesting discussion as to the factor in the disease played by starvation, since the neuritis was delayed in all cases until a certain grade of emaciation developed. It

Digitized by Google

was questioned whether starvation alone would induce the disease. This was proven to be true in the case of some fowls which wree fed simply reduced quantities of neuritis-preventing rice. Others were fed nothing but water, in whom the fatal neuritis developed in due time. It was also noted that fowls living alone on polished rice, whose appetite was maintained so that they ate a large quantity over an extended period, were late in developing neuritis. Their conclusions are that while they agree that polyneuritis gallinarum and beriberi are not identical, the capacity for producing polyneuritis in fowls is an accurate indicator of the beriberi-producing quality of rice; and that a low phosphorus content is a reliable index of the dangerous character of the grain; but they found also in the neuritis-producing rice that the potassium is even more reduced than the phosphorus. Their inference, therefore, is that neuritis in fowls and beriberi in man are just as likely to be due to deficiency in salts of phosphoric acid.—C.A.S., Northwest Medicine.

Will Illinois be Easy?—S. R. Chamlee, M. D., is a cancer-cure faker whom Samuel Hopkins Adams characterized as "a scoundrel who endeavors to frighten women into taking his treatment by advertising in the papers, 'in woman's breast any lump is cancer.'" For some years Chamlee carried on his nefarious trade at St. Louis, Missouri. Nemesis, in the form of post-office fraud order, finally overtook him and closed the mails to him. He attempted to evade the law by changing the name of his business to the "St. Louis Sanitarium Company" and by instructing his prospective victims to send their money "through an express company" and not by post-office money order, because he could not cash the latter. The post-office extended its fraud order to the "St. Louis Sanitarium Company" and this irrepressible quack assumed another name, the "United Specialist Cancer Cure Company." The post-office, in time, still further exended its order. All this happened in the latter part of 1909. For a year or more the magazines and newspapers have been free from Chamlee's advertisements. Within the last month or two, however, Chamlee has again commenced advertising. But he has changed his headquarters; instead of operating from St. Louis he is now in Chicago. The advertising matter, "form letters," pamphlets, etc., that Chamlee now uses are apparently identical with those which he used in St. Louis. Chamlee has no license to practice in Illinois—although, we believe, he is licensed in Missouri and Iowa. For this reason, in order to keep within the law, it is necessary for him to employ some renegade physician who is licensed. This, apparently, he intends to do, for the following advertisement appeared in the Chicago Tribune a week ago:

> PHYSICIAN—FINE LOOKING, NO OTHER. NO smoker: must be quite gray and move to Oak Park. Write fully with new photo, or call 36 W. Randolph St., Dr. Chamlee, Room 308.

Oak Park is a suburb of Chicago and, while Chamlee's mailing address is in the down-town district of Chicago, he sends out his "literature" from Oak Park. Chamlee is apparently just as big a fraud to day as he was two years ago. The question arises: Will the federal authorities make things as interesting for him in Illinois as they did in Missouri?—J.A.M.A.

Baldness.—White uses practically only four prescriptions. They are an ointment containing 6 per cent each of sulphur precipitate and salicylic acid:

℞ Acid. salicyl.....
Sulph. praecip.....aa 3ss
Petrolatum q.s.ad.....3j

M. Sig. Apply at night. Shampoo with simple soap following day.

And three lotions:

℞ Pilocarpin. nitrat.....gr. j
Quinin. Sulphat.....gr. x
Tr. canthrid.....
Tr. capsici aa.....3iii
Alcohol (70%) ad.....3viij

M. Sig. Wash for scalp.

℞ Acid. tannic.....gr. xxxv
Chloral.....gr. xxvii
Acid. tartaric.....3ss
Ol. ricini.....*m* xv
Alcohol (70%).....3vi

M. Sig. Wash for scalp.

℞ Hydrarg. chlor. corros.....gr. iv
Euresol.....3ii
Spts. formicarum.....3j
Ol. ricini.....3i-3iii
Alcohol (70%).....3vi

M. Sig. Apply two teaspoonfuls in the morning.

White prefers curesol, the mono-acetate of resorcin, to resorcin which latter he considers an irritant to the scalp. This has not been the general experience. Euresol has the objection of being costly. Resorcin in lotions must be used with care on white or gray hair, as it is apt to discolor unless due care is exercised to keep it off the hair.—Palmer, Northwest Medicine.

Digitized by Google

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly department Staff.

GENITO-URINARY.

T. A. HOPKINS, M. D.

The Technique of Urethral Examination.—Walter S. Reynolds, of New York (Med. Rec., July 1), believes that when dealing with a chronic urethritis one should make a clear diagnosis of the extent of the disease in order that the treatment may be effective. The history should be carefully inquired into as to duration of the attack, severity, frequency of urination, and as to what time of the day the symptoms are most pronounced. The examination should be made some five or six hours after urination, preferably after a night without it. A loop full of the discharge should be collected for a smear. The anterior urethra should be washed out with a mild boracic acid solution until the fluid returns clear. Urine should be passed into a clean glass which will contain that from the posterior urethra. Prostate and seminal vesicles should be examined after gentle massage, and the rest of the urine passed for examination of the prostatic secretion. Each specimen should be separately examined, and each will reveal the condition of the respective portion of the urethra. Examination for stricture is then to be made.

High Frequency Cauterization of Bladder Lesion.—The treatment of bladder tumors by means of the high frequency current described by E. L. Keyes, Jr., New York (Interstate Medical Journal, October), who has used the method constantly since October, 1909. The results obtained with papilloma of the bladder were most gratifying. Infiltrating carcinoma and simple ulceration gave unsatisfactory results with the method. Of the 12 cases of papilloma seen, eight remained under observation and treatment a sufficient time, and all of these have been cured. The cure of three cases has been verified a year or more after last treatment and of the five others from seven to ten months. The author realizes that the duration of cures in these cases is brief. but thinks it sufficient to justify the hope that every papillary tumor should be submitted to this form of treatment before operation is attempted.

Sodium Cacodylate.—S. L. Dawes, Albany, N. Y. (Jour. A.M.A., August 5), reports the result of experiments on dogs, rabbits, and human beings as to the effects of sodium cacodylate. The therapy of the hypodermatic use of the drug is based on the observation of several thousand patients treated by himself or reported to him by seventy-six other observers, many of them trained clinicians of wide experience. The only untoward symptom observed or reported was a transitory discomfort at the site of injection when the larger doses (0.3 to 0.6 gm.) were used. From his experience, he finds that the best results follow the use of relatively large doses daily without intermission, often for several weeks, especially in anemias of long standing. There have been reported to him fourteen patients with pernicious anemia, four of which had short stages of improvement but finally died. The remainder are reported to have been cured, but in five of them the time is as yet too short to assure a complete recovery. The last five, however, he thinks, may be considered cured, as the symptoms have not recurred for periods, respectively, of fifteen months, eighteen months, twenty-two months, twenty-five months and thirty-seven months. In these five cases careful blood-counts were made and he has no doubt as to the diagnosis. He has records of 410 cases of anemia treated by himself and others and in every uncomplicated one there was complete recovery. He has yet to see a case of anemia in which this drug has not rapidly increased the hemoglobin percentage and, as a rule, also the red cells. The most brilliant results have been in neuroses accompanying anemia. Of these, four cases are reported briefly. His records show twenty-two neuritis patients treated, with sixteen recoveries. One patient with tic douloureux recovered, another improved. Fifteen out of seventeen cases of edema were cured. Twenty-two patients with psoriasis gave only nine recoveries and several seemed to be aggravated. Neuralgias and gastralgias generally responded favorably. Certain types of malaria gave quick and permanent response. The importance of having a perfectly pure salt is mentioned and his practice is to have the druggist give him a number of weighed-out doses (0.1 to 0.3 gm.) and keep them in tightly corked sterile vials as the drug is very hygroscopic. It would appear that sodium cacodylate is useful where arsenic is and less toxic in large doses. As regards syphilis, he considers the drug of little or no value.

Renal Infection.—G. E. Brewer, New York (Jour. A.M.A., July 15), discusses the infections of the kidney and says there

Digitized by Google

are five routes of infection generally conceded as possible: 1. By direct penetrating wounds. 2. By direct extension from a neighboring focus. 3. By catheterization of the ureter. 4. By an ascending process from the lower urinary passages, and 5. By the blood-current. The first and third of these are unquestioned. The second is so rare as to be a surgical curiosity. He, therefore, takes up the fourth and fifth and gives a history of the investigations and their results in regard to the possibility of ascending infection and reports his own experimental studies. From a review of the known pathologic evidence, the experimental investigations of others, his own researches and clinical experience, he thinks we are justified in saying that: "1. An ascending infection is responsible for a certain proportion of the acute surgical infections of the kidney. 2. In the great majority of such instances, the infectious material is carried upward to the kidney by a reflux of contaminated urine into the ureter and renal pelvis through the ureteral orifice, as the result of some interference with its protective mechanism. The factors which favor this process are, in the order of their importance: (a) A chronic obstruction to the normal bladder outflow, a urethral stricture, obstructive prostatic hypertrophy, prostatic or vesical new growth; (b) acute cystitis with severe tenesmus and violent expulsive efforts; (c) severe inflammation, ulceration, calculus or new growth involving the ureteric orifices, interfering with the normal sphincteric action; (d) ureteral and detrusor paralysis from spinal injury or disease; and (e) the possible temporary paresis of the ureteric sphincter by the passage of a large ureteral calculus. 3. In certain rare instances the process may occur by a direct extension of the inflammation along the mucous membrane of the ureter by continuity of tissue, as proved by numerous clinical observations, although I have been unable to reproduce it in animal experiments. 4. In other rare instances the infection may ascend by the ureteral or peri-ureteral lymphatics, and this is more likely to occur if there exists an infection in the deep structures of the bladder wall involving the vesical lymphatics. 5. As stated by Legneu, these methods in certain cases may be combined and concomitant." Next, taking up the subject of hematogenous infection, he reviews the investigations of others and gives details of his own experiments on rabbits and dogs by injecting cultures of various pathogenic bacteria into the veins. He concludes from all the evidence obtained by himself and others and the accumulated clinical experience, that, during the progress of any acute infectious disease, a certain number of micro-organisms find their way into the blood current and that many of these are excreted through the kidneys. If the number of these organisms is comparatively small there may be no demonstrable injury, but if the number is large and they are highly virulent or if one or both kidneys are diseased, overwhelming or fatal toxemia may follow or any of the pascal types of renal infection suppuration. While the trouble may be bilateral it is often unialteral on account of a diminished resistance of the infected kidney from disease or trauma. While he has been able to produce these lesions in animals by the B. coli, the streptococcus pyogenes, the staphylococcus aureus, the B. typhosus, as well as the pneumococus and B. pyocyaneus, in clinical cases he has been able to isolate only the first four of these. In some of his clinical cases, however, notably one of scarlet fever, search for bacteria proved negative. He has also been struck in his study of the subject by the great difficulty in producing ascending nephritis in animals as compared with the case with which the hematogenous infection is produced. This would seem to corroborate the impression produced by clinical experience that hematogenous infection is responsible for most cases of renal sepsis, even when septic condition of the lower urinary passages also exists.

Dr. Bulkley's Lectures on Skin Diseases.—The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a thirteenth series of Clinical Lectures on hospital on Wednesday afternoons, from November 1 to December 20, 1911, at 4.15 o'clock. The course will, as usual, be free to the medical profession.

New York and New England Association of Railway Surgeons.—The twenty first annual session of the New York and New England Association of Railway Surgeons will be held at the Hotel Astor, New York City, on Thursday, November 16th, 1911. A very interesting and attractive program has been arranged. Railway surgeons, attorneys and officials and all members of the medical profession are cordially invited to attend. Dr. F. A. Goodwin, President, Binghamton, N. Y. Dr. George Chaffee, Corresponding Secretary, 3384 7th street, Brooklyn, N. Y.

Digitized by Google

SOCIETY PROCEEDINGS

REPORT ON THE THIRD INTERNATIONAL RHINO-LARYNGOL CONGRESS.

M. A. GOLDSTIEN, M. D.

Official Delegate of the Section of Laryngology and Otology of the St. Louis Medical Society.

The Third International Laryngo-Rhinological Congress was held in Berlin, August 30 to September 2, 1911. It was, indeed, a pleasure and a privilege to all who participated in this congress to be the recipients of a most liberal hospitality on the part of the city of Berlin, the president of the congress, our esteemed colleague, Geh. Prof. Dr. B. Fraenkel, the members of the executive committee headed by that most active and energetic worker and secretary of the congress, Prof. Dr. Rosenberg, and the fellows of the Berlin Laryngological Society.

Berlin, today one of the modern great metropolises, is especially characterized by its cleanliness, system and order, aggressiveness and incomparable civic energy; in our opinion it stands today as the model, progressive metropolitan city of the world, with these ear-marks of a city's growth. The same spirit and pride that actuates and stimulates the people of Berlin in the development of the great German capital was clearly in evidence in this successfully conducted International Congress of Laryngo-Rhinology. The five days' session of the congress, including its valuable and instructive exhibits, its scientific programs, its sumptuous banquets and social functions, its enjoyable and interesting excursions—all were conducted with characteristic German promptness, care and precision.

The systemic arrangement of the details of this convention was in itself an interesting study. The scientific sessions and exhibits were held in the spacious quarters of the Herrenhaus of the German Parliament. All members of the congress were accorded every possible courtesy and attention and those of us who have attended frequent international conventions, where all nationalities are represented and where a Babel of languages is heard, were impressed by the lack of confusion and the ease with which the numerous scientific and social functions were systematically conducted.

Much credit is certainly due to the executive committee and especially to its genial and energetic secretary, Prof. Dr. A. Rosenberg, who seemed to be the guiding spirit everywhere.

The scientific program was, perhaps, a bit unwieldy because of the limited time at the disposal and the large number of papers presented. Unfortunately, an international congress in special surgery occurs at such infrequent intervals that much subject-matter is available for presentation and the program is invariably too bulky.

The four symposii were promised as a special scientific feature, but we cannot refrain from expressing our disappointment in the manner with which these symposii were presented; instead of giving them the scientific prominence which they merited in the active sessions of the congress, many of the essayists contented themselves with a very brief resume of their addresses, and to those of the members who had not previously had an opportunity of carefully reading the addresses in full such a presentation was more or less unintelligible and unsatisfactory.

The first symposium, "The Relations of Experimental Phonetics to Laryngology," was presented by Prof. Gutzmann, of Berlin, and Dr. Struyken, of Breda, Holland. Much painstaking work has been done by these original investigators in this special field and it is evident from the papers and demonstrations shown that the time is close at hand for the crystallization of much of this experimental data and the application of this information to the practical and clinical treatment of speech-defects.

The second symposium on "Bronchoscopy, Esophagoscopy; Their Indications and Contra-Indications," was presented by three of the most active workers and investigators in this modern specialty: Prof. Killian, formerly of Freiburg, now of Berlin, Dr. Kahler of Vienna, and our able American colleague, Dr. Chevalier Jackson, of Pittsburg. Unfortunately, sickness in the family prevented Dr. Jackson's personal attendance at the congress.

Equal to this symposium in importance and interest was the remarkable exhibition of instruments for endoscopy; this exhibit included the entire array of instruments from the first models to the perfected and most recent instrumentarium. These instruments and apparatus were chronologically arranged and exhibited for the deliberate inspection of each member of the congress. They presented in practical form the complete history and evolution of this important innovation.

The third symposium, "The Lymphatic Apparatus of the Nose and Naso-Pharyngeal Cavity in its Relation to the Rest of the Body," was presented by Dr. Broeckaert, of Ghent Prof. Poli of Genoa and

Digitized by Google

Dr. Logan Turner, of Edinburg. Recent developments have proven the importance of the lymphatic distribution of the nose and naso-pharyngeal tract to general systematic infections and the symposium was a timely one and emphasized the necessity of recognizing these relations.

The last symposium, "The So-Called Fibrous Polypi of the Naso-Pharynx, the Place and Mode of Their Insertion and Their Treatment," was presented by Dr. Jacques, of Nancy, and Dr. Hellat, of St. Petersburg.

A few words concerning the splendid exhibit of instruments and apparatus may be of interest. All of the recent, improved instruments and the newer technic were exhibited to best advantage and many of these were demonstrated by the members who devised them. Space will not permit a detailed description, but several apparatus and instruments are worthy of special mention:

A photographic camera has been devised by Leiter, of Vienna, for taking pictures of the various cavities of the body, especially those concerned in endoscopy. The camera is a small, circular disc that fits over the endoscopy tubes, equipped with electric light that is arranged as a miniature flashlight; the views are taken on a disc plate, permitting eight exposures, and as the objective is a clear and sharp one, these small negatives may be magnified many times without losing much of the outline. We have seen some excellent photographs of the bifurcation of the trachea, of pathological conditions of the surface of the larynx and of neoplasms in the naso-pharynx taken by this miniature camera. No doubt there is an unusual future for apparatus of this type whereby we shall be in a position to more accurately present our pathological findings in our published literature.

A system of treatment of much efficiency and one which has heretofore been given less practical application than it merits, because of the expensive character of the apparatus needed for its accomplishment, is that of a satisfactory inhalatorium. The apparatus exhibited for the first time at this congress by the Inhalations and Baedereinrichtungen Co. of Berlin, seem to supply a very desirable form of inhalatorium; it is a compressed-air-driven apparatus of absolutely dry medicated vapor, developed with such density that it is almost impossible to see the hand at arm's length from the eye when seated in a small room in which this vapor is produced. The air is so dry that clothing exposed to the vapor for a period of several hours shows no trace of moisture. It is furnished in many forms from that of the simple inhaler to an equipment intended for a large inhalatorium, and compared with previous equipments is quite moderate in price. This form of treatment has been very popular on the European continent and such "Kur" resorts as Bad Ems Reichenhall, Salzburg, Salza Maggiore, are world-renowned for the treatment of catarrhal and inflammatory conditions of the respiratory tract. It might be worth while for our American colleagues to investigate this form of therapy more closely.

A splendid exhibition of radiograms demonstrating the position of the tongue and other organs during phonation and Roentgen pictures of the act of deglutition was presented by Dr. Max Scheier.

Dr. A. Musehold, of Berlin, showed a series of photographs of the larynx made by the old type of camera, with the electric light as an illuminant introduced by glass prisms; the photographed negatives were reproduced considerably enlarged and are adaptable for lectures and demonstrations.

The application of the phonograph and gramophone in experimental phonetics was shown by Dr. Pancancelli-Calzia, of Hamburg. The graphic registration of the voice in song and speech was shown in its manifold types in the beautiful exhibition of Prof. Gutzmann, of Berlin. This demonstration also included an analysis, synthesis and reproduction of the human voice.

Wonderful progress has been made in the instrumentarium for endoscopic work and all of the most recent instruments and their newer modifications were practically demonstrated.

Duemler, of Vienna, showed a new series of his beautifully executed stereoscopic diapositives, including the various steps of the hypophysis operation as developed by Dr. Hirsch, of Vienna. The collection of Prof. Killian of the anatomical evolution and development of the accessory sinuses and numerous new pathological specimens of Prof. Onodi, Hajek, and others are included in this series.

Among the surgical instrument-makers, Reiner and Leiter, of Vienna; Pfau, Detert and Windler, of Berlin, and Fischer, of Freiburg, showed many interesting individual instruments. The writer was especially impressed by a new form of snare demonstrated by Erhard. The special advantage of this snare is that the wire is attached to one end of the cannula, the other end is drawn inward through the cannula when the snare is driven home, thus

Digitized by Google

imparting to the loop a cutting action, instead of the usual type of strangulation of the engaged mass. A most practical feature of this snare is that the same wire loop can be opened and re-applied without kinking or twisting the wire, a feature which, as yet, has been absent from every other snare.

The valuable collection of pictures of Prof. Gerber, of Koenigsberg, relating to diseases of the upper respiratory tract, was given individual demonstration.

Prof. Gluck and Dr. Sorenson, of Berlin, exhibited their collection of pathological specimens of extirpated larynges and the patients from whom they were removed.

Dr. Kuhn, of Cassel, demonstrated his device for peroral intubation, a method by which preliminary tracheotomy is dispensed with in radical operative procedures about the pharynx and larynx.

This brief sketch of the congress would be incomplete if we failed to mention the interesting excursions and elaborate social functions provided by the executive committee. The general banquet of the congress, in which all of the members, officers and their ladies participated was a magnificent function. The vast and imposing banquet-hall of the Rathaus has probably never before contained such a galaxy of the laryngological profession of the world. It was, indeed, an impressive sight to see the officers of the city of Berlin, with their designated regalia; the representative laryngologists of many countries, most of them in full uniform and decorations, the ladies in their brilliant toilets; the lavish banquet-board and floral adornments, and our few American collagues in their simple evening dress, with that wonderful painting of the German master Anton von Werner, "The Congress of Nations," at the far end of the banquet-hall forming a fitting background to this memorable picture.

The excursion by boats to Wannsee and the Swedish pavilion was but another evidence of the lavishness and resourcefulness of the managers of the congress. After the bountiful luncheon, a very interesting, clever and humorous travesty on Salome was performed for the edification of the congressionalists. The burlesque was the creation of Dr. Alfred Peyser, of Berlin, and teemed with constant allusions to laryngological and rhinological data in most grotesque form. The context was printed in the three languages of the congress and produced a continuous ripple of merriment. A fitting climax to these social activities was a visit of the delegates en masse to the Hygienic Exposition at Dresden, after the close of the scientific sessions.

There is no greater pleasure to the hard-working active laryngologist than that afforded by an international congress of this character; the memory of the more intimate association with so many masters in laryngology will linger in our mind for many years. It is certainly an unusual pleasure and stimulation to come into personal touch on terms of professional and social fellowship with such masters as Profs. Fraenkel, Killian, Denker, von Bruns, Manasse, Friedrich, Bierger, von Eicken, Gutzmann, Rosenberg and Spies, of Germany; Chiari, Onodi, Kabler, Koschier and Hirsch, of Austria-Hungary; Thomson, Tilley, Grant, W. Williams, Milligan, Turner and Patterson, of Great Britain; Luc, of Paris; Siebenmann, of Basil; Uchemann and Schimegelow, of Scandinavia; von Stein and Hellat, of Russia; Gadenigo, Gazzi, Ferreri and Lasagna, of Italy; Botey, Botella, Cisneros, of Spain; Burger and Stroyken, of Holland; and many others, together with the modest representation from among our own American colleagues.

In conclusion, just a word about the ladies. Many of the members of the congress were accompanied by their families and it was an added pleasure to see the interest and participation of the wives, daughters, mothers and sweethearts of the congressionists, especially in the many social attractions arranged for them by the ladies' committee and the executives of the congress. Our ladies had an opportunity of meeting the men who are our masterful co-workers in all parts of the world in our life-work, and of enjoying with them the lavish social entertainments of the festive week of the congress.

In 1913, the Fourth International Congress of Rhino-Laryngology will convene at Copenhagen, the active metropolis of Scandinavia, under the presidency of Prof. Schmiegelow, to whom we tender our congratulations on this occasion for the high honor conferred upon him.

Secret Division of Fees.—At the stated meeting of the New York Academy of Medicine, held October 6, it was unanmiously carried that the secret division of fees was an evil; if any member of the Academy of Medicine was found guilty of this practice it should furnish sufficient grounds either for a demand for his resignation or to make him liable to expulsion.

Digitized by Google

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

*Twenty-fourth Annual Meeting, held at Omaha, Neb., September 7 and 8, 1911.**

(Continued from page 429.)

Toxemia in the Pregnant Woman.—Dr. Mary Strong, of Omaha, Neb., discussed some forms of toxemia in the pregnant and their effects on the mother and child. She maintained that while care should be taken to guard kidney action in the prospective mother, both for her own sake and that of the unborn child, the condition of the liver should be even more carefully guarded, as failure to do this might be even more disastrous than the neglect of kidney conditions.

Dr. J. M. Banister, of Omaha, stated that as the result of toxemia in these cases disease of the optic nerve was frequently found, and that it was a valuable indication to the obstetrician. There was a haziness and indistinctness of the visual field when there were only traces of albumin in the urine.

Dr. A. B. Somers, of Omaha, stated that in the majority of cases he believed the toxemia was due to some condition connected with the alimentary canal; it was due to a variety of causes. If a woman had puerperal eclampsia, and the convulsion was only one symptom belonging to the train of symptoms, if these convulsions were successive, one of the most important things to do, if both mother and child lived through labor, was not to allow the baby to nurse at the mother's breast for the first day or two. There was a toxemic condition existing in both the mother and the baby, and by allowing the baby to nurse the toxemic condition was increased in the baby, and a number of babies born alive would die in from a few hours to forty-eight hours time. Why? Because they were profoundly toxemic. If one wanted to save life one must treat the baby for toxemia. Dr. Strong recommended dilute cow's milk. He did not believe that a baby during the first few days of its existence needed anything but water. If one could fill the baby up with water one would save it from toxemia. If he did not fill these babies up with water, a large percentage of them would die. The most important thing in puerperal toxemia was elimination, but the first thing was to dilute the toxines, and as soon as this was done elimination was begun, and if one filled a patient who was profoundly toxemic with water the kidneys would soon resume their action and everything would go on all right.

Dr. J. M. Bell thought great good could be accomplished by suggesting a more rational diet for the pregnant woman, and especially a due proportion between the amount of food taken and the amount of exercise.

Diagnosis and Treatment of Tuberculosis of the Bladder.—Dr. A. C. Stokes, of Omaha, spoke of the use of the cystoscope and the examination of the urine for diagnostic purposes; the forms and extent of the tuberculous infection, and the treatment of the primary focus. He also discussed the local treatment through the cystoscope.

Dr. Thomas M. Paul said that a patient might come to a physician complaining of a genito-urinary difficulty, and, as was often the case, give a history of having had a specific urethritis, traces of which might remain. If the physician conducted an examination, as was often done, by simply stripping the anterior urethra and depending upon the appearance or absence of discharge by the naked eye of the diagnosis, and going no farther, it was obvious what was to ensue before he could diagnosticate tuberculosis of the bladder. The gonococcus undoubtedly furnished in many cases diminished resistance and caused the tubercle bacillus to attack the bladder wall. It might not otherwise do so. It was easy to see how the two diseases might be confounded. The proper thing to do in any genito-urinary condition was to examine the patient thoroughly, to centrifuge the urine, as the man was going to pass the urine anyhow, sediment the urine, and make a slide and put it under the microscope. The patient should likewise be subjected to a cystoscopic examination. It was only by these means that a condition of this kind could be detected early, and if it was not detected early, as the essayist plainly pointed out, treatment was of no avail.

Dr. W. O. Bridges, of Omaha, stated that this trouble was very often overlooked on account of failure to examine the urine for the tubercle bacillus. Referring to the etiology, he recalled a case in which the disease occurred as the result of ascending infection from the urethra. While in this case it was determined definitely that the infection originated from the urethra, yet the history pointed to the kidney. It was the case of a man who contracted gonorrhea. The patient consulted him after this attack of gonorrhea, which had existed for three months, and examination of the urine Pisclosed the presence of tubercle bacilli.

Digitized by Google

The patient was subsequently attacked with tuberculosis of the lungs and died.

With reference to the diagnosis of tuberculosis of the bladder, he thought one very essential point to remember was that tuberculosis of the bladder gave rise to a urine which was acid in reaction, as a rule, whereas an inflammatory condition of the bladder gave rise to an alkaline urine, particularly so if there was pus in the urine, so that any urine which was acid, or which was from a person who was having symptoms of cystitis, like pain and tenesmus and frequency of urination, should suggest the possibility of tuberculosis, and an examination should be made for the tubercle bacillus.

Dr. Stokes, in closing, said the consensus was that these cases were infected from the kidneys, even if the infection came from without, rendering the bladder wall susceptible to infection.

(To be continued.)

Dr. A. C. Crank, formerly of Warrensburg, Johnson county, has moved to Canton, Lewis county. Dr. Crank was a member of the state legislature from Johnson county in the 1911 session.

"Typhoid-Carrier" Freed.—Miss Rosie E. Pell, the alleged typhoid-carrier, on October 2 was given a permit by the Chicago Health Department to return to the house of her stepfather, Gilbert Boersma, a dairy farmer at Mount Greenwood, who sells milk in Chicago. She goes back to the farm on the understanding that she is to have nothing to do with the handling of milk.

Green Cross Replaces Red.—Pittsburgh physicians are the first to adopt, as a body, the green cross as an emblem of mercy in time of peace, in distinction from the red cross, whose use it is planned to confine to military organizations and to the International Red Cross Society. The green cross flag is to be unfurled at a benefit to be given for the benefit of the Sewickley Valley Hospital, Pittsburg, on October 14.

The Cholera Situation in Italy.—Contradictory statements about cholera in Rome have been freely circulated to the disturbance of intending visitors this season. The official records show that in the week of August 28 to September 3 there were 22 cases and 10 deaths. In the whole of Italy there have been, between June 22 and September 3, a total of 10,634 cases, 4,086 being fatal. The total in Rome in that period has been 85 cases.

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Blind Students at Cornell.—There are at present in Cornell University, New York, three blind students who are taking the regular courses, one in the agricultural and two in the arts departments. Of the latter one has just entered his senior year with high standing.

Infected Through Squawkers.—Children of Marion, O., are suffering from an epidemic of throat and ear congestions, believed to have resulted from the use of "squawkers" purchased at the recent county fair. One of the men who sold the "squawkers" had his throat tied up and his voice also indicated that he was suffering from laryngitis. As he blew on the little red tubes to test the small balloons attached, it is believed the disease from which he suffered was thus communicated, as investigation has developed that children who did not use any "squawkers" are exempt thus far.

Digitized by Google

MEDICAL MEMORANDA

In all forms of blood dyscrasia—as indicated by skin disorders, bad healing power and general debility — ecthol often proves effective when other treatment fails. It quickly raises the antitoxic and so-called opsonic power of the blood, increases the resisting power of the tissues and thus minimizes the dangers of bacterial attack. Healing processes are stimulated, and the whole economy is materially improved in its vital details.

Those unfamiliar with hux-a-vin, the antiperiodic and antimalaria par excellence, that is being offered by the old reliable house of The Tilden Company will do well to write for a free sample, and especially those members of the profession that are in districts where malaria is an ever present, both acute and chronic. Every physi- should investigate this most valuable prescription. That the article originated and is being marketed by The Tilden Company is sufficient guarantee of its efficiency.

Helping a Child Through School.—Close application to school duties frequently lowers the health of a child and makes it an easy prey to prevalent winter infections. These may be largely avoided if the child be built up to the point where the normal powers of resistance will protect it from those diseases to which a weakened organism easily succumbs. For this purpose nothing is the peer of cordial of the extract of cod liver oil compound (Hagee). Containing the active principles of sodium and calcium, it is a tissue food of the highest order, and lends to the little student its contained nutritious elements. Given systematically to those children in need of such an agent, it will be found of decided advantage in helping them through school.

Literature Worth Reading.—The value of heat as a therapeutic agent has been so conclusively proven that it will admit of no further argument. The difference, however, between convective heat in contradistinction to radiant heat is a subject in which the profession generally is interested. Convective heat is particularly applicable in cases where radiant heat is not indicated and the reverse is quite true. Their differential thermic value is clearly set forth in the October issue of the Bloodless Phlebotomist along with an interesting paper by Dr. David MacIntyre, a Cunard surgeon, upon "Drugs at Sea." In the same issue of the Phlebotomist, Dr. Edward Parrish of Brooklyn, presents his methods of treating tic douloureaux and Dr. Leverett of Yonkers, relates his experience in the successful handling of ivy poisoning cases, which in many instances are quite as intractable to handle as tic douloureaux. In addition to these papers, much other interesting and instructive material is given, and it is worth while to write to The Denver Chemical Mfg. Co., New York, for a copy of the Bloodless Phlebotomist for October, which they will send upon request.

Double Elimination.—Where the body is saturated with the waste products of metabolism it is an important part of good medical treatment that these useless, harmful substances be thoroughly eliminated. The urinary system is a channel of evacuation, as well as the intestinal tract, and to free the system of toxic waste-products through both these channels is a logical procedure. Defective elimination readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise. A rational therapeutic treatment must be instituted while proper hygienic conditions are being re-established. In these cases, Cystogen-Aperient performs a double service by stimulating to normal function, and by disinfecting the urinary and intestinal tracts; Cystogen-Aperient (granular effervescent salt) combines the tonic and laxative properties of sodium phosphate and tartrate with the urinary-antiseptic and solvent action of cystogen ($C_6H_{12}N_4$).

Blancard's Original Pills and Syrup of Iodide of Iron.—Description: Ferrous iodide is in the form of brittle, greenish scales, soluble in water, very delisquescent, and unstable. Exposed to air it decomposes spontaneously, forming iodine, ferric iodide and iron oxide. It is on account of its rapid deterioration that ferrous iodide is not sold commercially as a salt. In making the syrup or pills of iodide of iron a solution of the latter must be prepared synthetically from its constituents.

Formula: Blancard's pills contain 5 centigrammes of ferrous iodide and Blancard's syrup 10 centigrammes in each tablespoon of 20 grammes.

Action: Experimentation extending over half a century proves that they act both as an iodine and as an iron medication, but it has a further action, proven by the fact that the iodine in iodide of iron, is eliminated in the urine only after two or three days, and that the feces are not discolored, as they are by other forms of iron medication.

Indications: These pills or syrup have shown themselves to be the ideal medication for scrofula, especially when there is a more or less attenuated hereditary syphilitic taint. It is the best tonic and restorative for syphilitics under treatment and a valuable preventive of parasyphilitic affections.

In tracheo-bronchial adenopathy, chronic rheumatism, rickets, chloro-anemia and asthma, where the other iodides and martial preparations have failed.

Dose: For adults prescribe 20-40 centigrammes a day. (4-8 Blancard's pills or 2-4 tablespoons of Blancard's syrup). For children 2 centigrammes a day for each year of the child's age.

Method of Administration: During the first week give one tablespoonful of syrup or 2 pills, night and morning. During the second week double the dose at night, and the third week give two tablespoonsful or 4 pills, both night and morning. The treatment is then discontinued for a few days and resumed if necessary.

Special Considerations: The pills are hand-made and coated with a special balsamic excipent, known only to the family of Mr. Blancard, the originator. The syrup is stable, colorless and of standard strength

Digitized by Google

and this cannot be said of many of its imitations. To secure results, physicians must specify "Blancard's."

American Agents: Geo. J. Wallau, Inc., 6 Cliff Street, New York City.

Intestinal Atony.—A considerable proportion of all cases of intestinal digestion can be traced to muscular insufficiency and deficient circulation in the submucous coats. Treatment directed toward increased muscular activity is all important, and in conjunction with massage and other mechanical forms, Gray's glycerine tonic comp. has given uniform satisfaction.

Prepare fo School Days.—And now the little army of young humanity, after the long vacation, trips back to school to commence the long period of mental and bodily stress and strain inseparable from indoor confinement and long hours of work and study. Is it not the part of wisdom to see that they are well prepared for what, to many of them, is really a serious ordeal? If the boy or girl (especially the girl at the age of puberty) is anemic, easily tired, pale and listless, it is certainly a good plan to correct this condition at once, rather than to wait until the condition is more serious. If the young pupil is fortified by the toning and building up of blood and tissue, the prevalent school infections, measles, scarlet fever, and diphtheria, are much more likely to pass them by. Pepto-Mangan (Gude) is especially indicated as a blood tonic and general reconstituent for children, as it is palatable, easily taken, free from disturbing effect upon the digestion, and devoid of constipating action. It can be taken for any length of time without danger of injury to the stomach, and its effect is soon noticeable in increased appetite, improved color, better spirits and increased weight.

MEDICAL ETHICS.

R. O. Braswell, M. D., Fort Worth, Texas.

Webster, the great lexicographer, states
"Ethics" is a system of rules for men to regulate
Their morals; their conduct to each other, as well
As to protect society from the influences of hell.
It is society's scale to weigh the right and the wrong,
That wrong be subdued; that right guide the throng
To higher ideals, to more righteous relationship,
Of love and respect, encompassed by true friendship
Where union of brain and heart rocks the cradle;
Nourished by the breast, not hampered by sable
That would cast a shadow o'er the honest soul,
Would teach men and lead them to the idealist's goal.
It is neither ethical, manly nor honest
To play the part of the spiteful hornet;
An attempt to assassinate a doctor's reputation
By discounting his work, by repudiation,
Is the same hell-born anarchistic life
That would destroy the virtue of the doctor's wife.
To cut and to slash, to slander and to malign,
Is positively the worst of diabolical signs.
Reputation and character of man is a trust
Leased by Him, who at all times is just;
Talent and reputation belongs not to the doctor,
But was given by Christ with a charge to the proctor
To support and sustain, to foster and develop,
That the omnipotent plan may forever envelope
The immortal seed that was planted for a purpose—
To bloom in life's garden, a part of the worship.
Think well, doctor dear, my fraternal brother,
A long, thoughtful time before you slander another;
Save your energies for something greater and better.
Reflections from life's mirror leaves you the debtor.
You are the loser, it is plain to see,
The man you hate is as busy as a bee.
It lowers the estimate of your proficiency,
And magnifies the virtues of him with leniency;
It does not pay; it is a costly route,
To try to change the big, wide world about
That all may see through the same biased glass
All the evil that you see, as you would pass
Your imperfect brother in panoramic view,
Insisting that he receive the condemnation due—
Forgetting that you are weighed in the same scale,
That the same panoramic view and the same measure pail
Is applied to you, as you have applied it to him,
And the measure is filled each time to the brim.
There is but one rule that will always do:
Do unto others as they should do unto you.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX FRIDAY, NOVEMBER 10, 1911. No. 9

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

Entered at the St. Joseph, Mo.. post-office as second-class mail matter.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL, M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

THE RELATION OF THE MEDICAL PROFESSION TO THE PEOPLE.*

J. C. WILSON, M. D.

PHILADELPHIA, PA.

Mr. President, Ladies and Gentlemen:

It is a great honor to have the privilege of addressing the Medical Association of the Mississippi Valley upon the occasion of its thirty-seventh annual meeting, and I beg to express to you my high appreciation of the distinction which your President has conferred upon me. The very name of your association impresses me with a sense of responsibility. We all know that the Mississippi is the longest river in the world; that it is the main stream of the river system that drains the greater part of the United States of America lying between the Appalachian Mountains on the east and the Rocky Mountains on the west —an empire within an empire. We know that your great river extends through the heart of the continent and affords a waterway from the temperate regions of the north to the subtropical climate of the Gulf, and that its great tributaries bring to it the riches of a world less glittering, but of far greater annual value than the East poured into Europe through Venice in her palmiest days. We know that this great valley from the earliest days of its settlement, both in the North and in the South, has a most interesting and romantic history, but that no chapter in human history can compare with the story of its magnificent development in recent years, indeed, within the span of a long human life. In that period its wildernesses have become teeming hives of industry, its waste places fertile gardens, its hamlets towering cities, and its whole extent the home of a great and powerful population in which learning and science and every gracious art of modern civilization flourish; and those of us who still linger on the eastern slopes of the Alleghanies and the Atlantic seaboard are proud to know that in the veins of the leaders of this great movement and their descendants flows the restless, resolute, liberty-loving and God-fearing blood of those who uttered the Declaration of Independence and made thirteen feeble colonies the foundation of a mighty nation.

But my task tonight is not to tell you of your greatness. It is rather to discuss a homely theme which deeply touches us all. It is very practical and will I trust meet the requirement of your President that it should interest alike those of my profession who have honored us with their presence and those of other interests and training. My theme is the relation of the medical profession to the people.

The three professions called learned, that is, divinity, the law and medicine, have in modern times been curiously separated from the people at large. Even the individual members of these professional bodies, while appearing to be in many respects very close to their fellow members of society, show upon critical study a certain curious aloofness which becomes very conspicuous in the aggregate. Manifest to some extent in superficial and external things, this difference between professional and non-professional members of a community becomes impressive and significant when we investigate its actual causes. The clergyman in his robes or in everyday raiment of a slightly severe cut, with a manner at once dignified and responsible, shows forth his saintly calling. The judge in his gown, the advocate hastening to court with his green bag the, notary with his seal of office, outwardly manifest the maj

*The Address in Medicine read before the Mississippi Valley Medical Association at Nashville, Tenn., October 17, 1911.

Digitized by Google

esty of the law. The snuff-box and gold-headed cane are no longer the vogue for doctors, but the most recent member of our guild, fresh from his two years in the hospital, has unconsciously acquired an air and deportment as distinctive as the linen suit and the caduceus which he wore upon his arm while in service. But there are differences that are deeper and essential. They are the result of the prolonged and more severe training preparatory to professional life, of studious and bookish habits, of the realization of higher uses for human energy than making things and barter and gain, of lofty ideals, of closer touch with the spiritual nature of man. Not only are the professions thus separated from others, but they also differ among themselves, and especially in their relation to non-professional persons. Divinity has to do with the religious life of the people and is brought into close and constant contact with all classes of society in the attempt to realize its lofty aims, and the influence and discipline of the church find a ready response on the part of the people to the means by which they are aroused. The law has in a certain sense perhaps a greater hold, even a closer relation with the whole people than the church. Without the law no contract is valid, no property can be conveyed, no guilty man punished, no innocent citizen absolved of imputed crime; thus the law and those who have made it their profession are in close and constant relation with the people, and the latter fully realize that there is an impassable boundary between law and anarchy.

With medicine, however, the conditions are wholly different. The organization of the medical profession but lightly touches the people and the discipline reaches them not at all. They only most remotely comprehend its aims and are incapable of a dispassionate consideration of the means by which it is striving to realize them. They are in no sense bound to it and so long as they are in good health regard themselves as altogether above and independent of it. So far are they from being influenced by its powers to restore health to the individual and avert pestilence from the community, which must appear in every sense mysterious to them, that they form organizations to undermine the results of scientific investigations concerning the causation and course of diseases and to prevent such investigations. Hence anti-vaccination societies and anti-vivisection societies. It is thus seen that there are many people who are wholly indifferent to the medical profession; some that are actively hostile to it. Those who are indifferent so long as they are well and who at once demand the services of the most experienced and skillful physicians when they are injured or ill afford material for an unpleasant psychological study. Those who are hostile are influenced by the most transparent motives.

They comprise two general groups, the first of which is made up of fanatics and persons of unsound reason and subject to delusions, persons who profess to be healers without any real knowledge, and those who are pure charlatans and scamps, but the lines of separation between these subgroups are not at all sharply drawn. The second group is composed of the dupes and victims of those who constitute the first group. These last, alas, too often have the courage of their convictions and not only pour out money freely but also sometimes let their children die of curable diseases rather than accept the services of a qualified medical practitioner. It is creditable to the general common sense of mankind that with so many temptations to practise it, quackery is on the wane.

The history of medicine sheds an instructive light upon the relations between the medical profession and the people. From the time of Hippocrates until the eighteenth century medicine concerned itself chiefly with results. It knew sickness and death, but it had no means of knowing the causes of these portentous calamities. The teachings of the Hippocratic school were preserved by the Saracens, who added little to the knowledge previously acquired. During the Dark Ages of European history such healing as was practised was in the hands of the clergy, who united the functions of the physician with those of the priest. With the Renaissance medicine became again a learned profession and its study was resumed with great activity. The discovery of the circulation by Harvey and his demonstration of the correlation between structure and function toward the close of the sixteenth century signalized the dawn of scientific medicine. During all this long period we find a slowly developing knowledge of anatomy, physiology, pathological anatomy, of the symptoms of disease, of epidemiology, of the relations and sequences of morbid phenomena which we know as the natural history of diseases; but of the causes of disease not an inkling. Demoniacal possession, occultations of the stars, comets, spells and witchcraft, an offended deity, were invoked in vain. Hence in the healing art, in therapeutics, nothing but a blundering empiricism. Drugs there were of all kinds, many of

Digitized by Google

them very potent, drastic or sleep-inducing as the case might require, but none of them could touch the cause of the malady. And there were charms and amulets and incantations and pilgrimages and votive offerings and the laying-on-of-hands and prayers, but no calamity of plague or pestilence was stayed and no man who was really sick was cured. The conception of disease as a mysterious unknown something that had entered the body of the patient and mostly held possession for a time against all dislodging agencies however potent and occult, has not yet wholly lost its influence with people of a certain turn of mind and some ignorance and is largely responsible for much of the hostility to scientific medicine that exists today. To such persons plain, straightforward methods of dealing with disease are an offence and any plan of treatment or any remedy without mystery or occultism confusion worse confounded. These are the people among whom a catchy name may form a mighty cult altogether without science and with but a travesty of Christianity, or among whom the effort to reunite in one person the mediaeval functions of priest and physician has found a favor which appears to be as short-lived as it is powerless for lasting good. These are the people who become the ready dupes of organized and unorganized claimants of special gifts and powers of healing based upon absurd and fantastic pseudo-scientific or spiritual endowments. And these are they who remain in happy ignorance that the transient benefit they experience is the result of the well-known and most useful agency in certain disordered psychical states which is daily used in the scientific management of appropriate cases and which physicians call suggestion.

The history of medicine would be but a series of disconnected episodes were it not that it teaches us that here as in other fields of human endeavor knowledge ripens slowly and that failures are the stepping stones to success. It teaches us another lesson well worth the knowing and that is that knowledge advances by indirection. There is no reason for medicine except to prevent and cure disease, yet most of the actual workers who made this history in its earlier periods appear to have been more concerned with other matters. The physicians of the Hippocratic school were prolific writers upon philosophical subjects. The Arabian physicians contributed voluminously to the knowledge of astronomy, geometry, logic and metaphysics, while the great anatomists of the Renaissance were more interested in the dissection of the cadaver than in getting sick men well. This fascinating history has a third and even greater lesson, and that is that the control of effects can only be compassed by a knowledge of their causes. Thus failure upon failure, the accumulation of knowledge by indirection, investigation of facts for the mere sake of the truth, made the way clear for a new departure in medicine, the study of causes, and, at the beginning of the last third of the nineteenth century, bacteriology, the youngest of the biological sciences, daughter of the genius of Pasteur and Koch, came into being. This event, of transcendent importance, dwarfing all other divisions into insignificance, separates the history of medicine into two great periods—the era of empiricism and the era of science. The boundary between these periods, like that between all great historical movements, is not abrupt. Many great achievements, as, for example, Harvey's discovery of the circulation of the blood and the invention and perfection of the microscope, heralded the coming of the era of science; and the day is far distant in which medicine shall be wholly free from the benumbing influence of the ignorance and superstition which hampered its long prescientific period. But fifty years have not yet elapsed and medicine is revolutionized. As of old it occupies itself with the individual because the sick man must be succored and cured; but the single patient is no longer its chief concern. To his interests are added the larger and more important requirements of the community. Medicine has thus become not only curative but also protective. No possible knowledge of effects could have given us preventive medicine. We owe this to the study of causes, and the means by which they have been and are being studied are bacteriology and animal experimentation. By the scientific and humane methods of laboratory research the nature of infection and immunity has been clearly established, the means by which particular diseases are transmitted have been revealed, the part played by various insects as direct carriers and intermediate hosts of disease producing micro-organisms has become known and the natural defences of the body against infection investigated. This knowledge has been used in the cure and prevention of the infections with remarkable results in preventing suffering and saving life. There are many examples, but the results of the work of our army surgeons in Cuba, the insular possessions and the canal zone in dealing with so-called tropical diseases are

Digitized by Google

most impressive. The work of the Yellow Fever Commission carried on by Walter Reed and his associates in Cuba established the fact that the germ of this disease was conveyed from the infected human being to others by means of a certain species of mosquito and led to the practical eradication of that disease in Havana and other cities of the island and from the canal zone. Ashford's investigations into the causation of tropical anemia in Porto Rico revealed the hookworm as the active agent and led to an enormous reduction of the disease. By systematic and general measures of sanitation in the Philippines, based upon scientific knowledge of the causes of diseases, the prevalence of cholera has been greatly reduced; smallpox has been almost stamped out, the plague brought under control, malaria robbed of its terrors, leprosy greatly diminished, and beri-beri, the scourge of the Orient, placed clearly upon the list of preventable diseases. This achievement in regard to beri-beri is a notable result of one of the scientific methods in medicine and illustrates the spirit of modern medical research. This disease was long regarded as a neuritis due to an unknown infection; then as a food disease arising in some way from rice that had undergone some sort of decomposition; later as caused by a fish diet. Finally as the result of a prolonged and unremitting search for its cause, conducted by our army medical officers, it has been demonstrated to be the result of the use of polished rice, that is, rice from which the whole pericarp has been removed, as an almost exclusive diet.

We all know what the study of causes has accomplished in the zone of the Panama Canal under the system of sanitary engineering organized and maintained by Colonel Gorgas. One of the worst pest infested districts of the world was converted into a healthful region. Yellow fever was annihilated and malaria reduced to a comparatively insignificant disease as regards its prevalence and malignancy. Not less inspiring are the official reports concerning the mobilization of 18,000 men in Texas and California in the spring of the current year in the rainy season. The percentage of sick was less than in the posts from which these troops were assembled. Enteric fever was practically unknown. Compare this record with the awful reports of sickness and death in Chickamauga and other practice camps in the Spanish-American War. The President of the United States has well said that the expenditure of lives and money in that war and in the discharge of the responsibilities that followed it is as nothing compared with the benefits to the human race that have accrued from it, and he has congratulated the Medical Corps of the Army and the medical profession at large in having been in so conspicuous a way the benefactors of mankind. These are striking examples of the work being done by scientific medicine. There are many others equally important and far-reaching, but I have briefly alluded to these because they show what has been accomplished in tropical sanitation, under highly unfavorable conditions, because the facts are embodied in the official reports and records of the Government, and finally because they cover the short, recent period since the Spanish-American War.

In the study of causes physicians are risking their lives daily both at the bedside and in the laboratory, and the list of those who have perished in this work is by no means small. Modern medicine is preventive medicine. To attain its objects, which are the protection of health and life, no effort is too arduous, no problem too difficult. Wherever disease prevails, wherever the death rate is high, it wants to know the cause in order that the remedy may be applied. It busies itself with water, milk, foods of every kind, even the air we breathe. It goes to the school, the mine, the factory, the shop, even to the very homes of the people to correct the faults that menace health and life through ignorance and neglect. It invokes the law that people may be protected from themselves and from each other. It is in the highest sense educational. It invites reasonable criticism of its methods and results. It would have the interested co-operation of those who reap the benefit of its work. There is and always will be plenty for it to do—always perhaps until that millennium to which the ardent disciples of Metchnikoff look forward when, infection being ended and the forces which make for senility minimized, there will be no sickness, old age will be enjoyable and death nothing more than a gentle turning over for a longer sleep.

Arrangements are being made to have all members of the Tennessee State militia submit to anti-typhoid vaccination, as is required in the United States Army. Vaccination among the militia is not compulsory, as is in the United States army, but it is thought the suggestion will meet with little opposition when its merits are thoroughly understood.

Digitized by Google

DEMENTIA PRECOX AND SCIENTIFIC RESEARCH.

BAYARD HOLMES, M. D.

CHICAGO.

This is the name of a psychopathic group first definitely outlined by Kraeplin in 1895. He never presumed that it was anything more than a psycho-symptomatic assemblage. His description was purely symptomatic and provisional. Zendig found that Kraeplin made a personal error of about one-fourth in a series of 500 recent cases; this fourth in their recoveries demonstrated that they were in the manic-depressive group, the essential element of dementia precox being its absolutely unfavorable prognosis. The essential element of the manic-depressive symptomatic group was the prognostic feature of non-deterioration and optimistic prognosis. As the errors in the diagnosis of the latter condition became clouded by instances of deterioration, and errors in diagnosis of dementia precox multiplied, as demonstrated by recovery without deterioration, a neutral area of mixed forms was laid out which is the delight of the timid and shy psychiatrist.

The camp of psychiatrists is now in hot discussion over the three groups into which their patients are divided, and these disputants are ranged into three opposing factions.

The leaders of the first faction differ from those of the other two by their attitude toward the patient based on their conception of the genesis of the mental condition. They assume that the mental aberration is rudimentary, causative, and generic, and that any physical changes that are discovered are consequential or accidental and therefore negligible.

Let us quote from Becker, Neuere psychiatrische Untersuchungsmethoden, *Reichsmedizinal-Anzeiger*, May 7, 1909, p. 183: "Psychiatrische Diagnostik ist gar verschieden von den uebrigen Zweigen der inneren Medizen. Da giebt es keine Technik zu erlernen wie bei der Handhabung von Spiegeln, die in die Koerperoeffnungen eingefuehrt werden, nicht einzelne Sinnesorgane des Untersuchenden zu schaerfen wie beim Ueben des Augenspiegels, des Auskultionens, etc., keine besondere Laboratoriums wissenschaft sich anzueignen, die mittels Microskop, Reagentien odor Bruitschank die mitgenommen Se- und Exkrete der Patienten chemisch und bacteriologisch durchforschen lehrt."

In order not to misinterpret these pregnant words, let us consider with them what he says on page 184, second column, on the modern psychologists methods of physical examination, which he asserts he does hold of trifling importance, though these are for the most part the affairs of other branches of internal medicine. He thinks the modern specialist in Psychiatry should not neglect to employ the "physiologic microscope" designed by Sommer as a "Reflex multiplicator," and the dynometer of Weiler and Ullman in measuring muscular power. He also points out the use of the measurement of the pupil and some cranial indices.

The American leader of this group of alienists seems to be Adolph Meyer who is given up entirely to the psychogenetic origin of dementia precox as he conceives it.

We experience the greatest difficulty in interpreting Meyer's verbiage into our scientific and materialistic language. This is partly due to our own personal limitations in intellect and vocabulary, and partly to the remoteness of his philosophpy from anything which our crass mental equipment can assimilate. Read carefully (pp. 101-2 of the Dementia Precox, a monograph, Boston, Richard S. Badger, 8vo, pp. 71, 1911) his attempt to define his position and then try to reproduce it in our vernacular, and you will meet all the difficulties that beset the translators of the Yoga Sutra or the Tarka Sangraha from the Sanscrit. We believe that we do not mistake his presumption that dementia precox is of psychic as opposed physical, toxic, metabolic or other non-mental origin. His negative evidence can be quoted (p. 12) "of the metabolism and toxic states the best investigators have so far the least to say. The claims differ and certainly do not show anything specific or decisive so far. Hyperthyroidism, the sex glands, peculiar blood states, and other conditions have been accused with the most fragmentary evidence. They form interesting issues of general pathology but no adequate material for a casual reconstruction of the facts in our cases so far."

Such is the attitude of these psychogenists. It would be of little account were their numbers and influence not reinforced by the fashion of the time. Business men who have such a large influence in all affairs of state at the present time and men in the legal profession from which such a predominating portion of our legislative and other political bodies are formed, beside the clergy and the new woman, are engrossed by Christian Science, the Emmanuel movement, theosophy and other mystical cults whose philosophies are akin to that of Freud in having a semitic or oriental or

Digitized by Google

metaphysical bias. These men, with the prejudice of the law, of theology, of these pseudo-psychologies are at home with such psychiatrists as interpret the dreams of their patients, play the games of the Jung psycho-analysis and word juggling. The serious investigation of the physical conditions of the patients are neglected for the study of the *ignes fatui* of the lunatic.

In the second group are the alienists who still insist that insanity is but a symptom of a basic physical ailment; in which they agree with the third group, but they differ from them in insisting on the inevitable deterioration in dementia precox and in a uniformly favorable prognosis in manic-depressive insanity when the physical cause has passed away. The minor differences in these groups of alienists are insignificant so long as they cling to the physical basis of the condition, and thus have grounds for rational scientific investigation.

In the admissions to our asylum population none is so hopeless, none has so long an expectancy of asylum life and none is so sure of a horrible death as the dementia precox patient. He is moreover in the majority if we exclude the senile dements. From the moment he enters the ward with his diagnosis, he is given up to a fateful and absolutely unfavorable prognosis. If he recovers, the diagnosis was wrong and he had manic-depressive insanity or hysteria. No efforts are made to investigate his physical condition. The marvelous inquisitiveness of students into the rare and intangible elements of the air, into the unapproachable furies of the sun, into the atoms of the immeasurable stars, into the physiology of animals, and into the possibilities of the plankton of the darkest depths of the sea—this marvelous inquisitiveness is stopped before dementia precox by the fantastic theories of the psychogenetic origin of the disease.

There is one aspect of dementia precox which is important in this connection. It attacks the young. It is no respector of classes. The rich and poor suffer alike. Physicians as a rule know nothing about the disease. The alienist knows only how to make the diagnosis, but he rarely has the courage to pronounce the prognosis. The rich parents of the doomed youth are willing to spend any amount of money in a cure. The private institutions for the insane are ready to take the money, but they offer no effective treatment. The fees in these institutions vary from $2600 to $6000 dollars a year! The state institutions charge one-tenth as much only for fully as efficient service. Now could the matter be placed before the hundreds of wealthy parents of hopelessly insane sons and daughters. Each one of these unhappy youths could be removed to a state institution and the savings could be used to endow fellowships and scholarships for the investigation of the etiology of the disease.

Not so long ago a diagnosis of pulmonary tuberculosis was considered a death sentence. The struggle of rational pathology to remove this disease from the hereditary to the parasitic group was a bitter and in a sense a sanguinary one. The parasitic nature of syphilis was long suspected, and it was not the lack of material, of instrument or of skillful and resourceful investigators that allowed the spirocheta pallida to escape detection for so long a time. Infantile paralysis has been long considered a congenial or hereditary defect rather than a destructive infection and even now there are influential, practical conscientious business and professional men, lawyers, civil and mechanical engineers, priests and preachers who believe that immunity should not be given against small-pox and diphtheria by vaccination and the injection of antitoxine. But we see the mysterious "big lazy" of the south come into the light of day as the hook worm and the unquestioned imputation of its hereditary origin fade into forgetfulness.

As the yellow fever passes out of mystery into rational simplicity; as malaria, the sleeping sickness, kala azar, and the big lazy become clear biologic problems; other anomalous and perplexing groups stand forth for scientific investigation and rational solution. Thus we have before us in the dock of the scientific court, pellagra, beri beri, piroplasmosis, oriental sore fambriosis, several dysenteries, plague, dengue, craw-craw, guha (asthma) Malta fever, pappataci fever, gundu, spotted (Rocky mountain) fever, and great numbers of local and skin diseases.

The activity of the veterinarians in comparative pathology is stimulated by the natural appropriation to the Department of agriculture ($16,000,000 in 1909 in the United States to the special commission and to the veterinary institutions). The number of diseases which have been discovered and elucidated is simply enormous. The veterinarians use all modern serological methods and have the distinct advantage of using their material in immediate experiment.

In spite of all pathologic and historic analogy, in spite of the fact that all our understanding of disease has come by dispeling mysticism, the intangible and the occult and bringing into controllable relations

Digitized by Google

the material and the measurable, the scientific necromancers of the school of Freud and Jung have rendered null and void at least three efforts of three several states to establish Institutes for Psychiatry. The Psychopathic Hospital at Ann Arbor is a sort of detention hospital like that in the grounds of Cook County Hospital deprived of its court room and with larger discretionary power. There is no investigation there except the anamnesis, which fills volumes with typewritten catacism, and subjective symptomatology. Until a few weeks ago, the Psychopathic Institute at Kankakee, though equipped for years with a serviceable outfit, has been deficient in any workers. The director and his stenographers had done all the research work for a state of 5,000,000 inhabitants and 15,000 wards. In New York the Pathological Institute became so unpathological that they changed the name and with a new director it is uncertain whether any research work will be undertaken on the 25,000 insane in the custody of the state, or whether the *laissez faire*, of the past will prevail. At the present time there is no institution in any state where the pursuit of the etiology of the insanities is followed with that zeal and intelligence with which the diseases of poultry and pea nuts have been pursued in a dozen agricultural experiment stations.

How is it possible that the wealthy and politically influential parents observe the happy and successful investigations of fifty agricultural experiment stations into the diseases of every live thing in which man is interested without establishing analogous experiment stations in connection with the institutions which become the asylums for their unfortunate flesh and blood! The war department expends $160,000,000 annually, who would say unwisely as long as we are at peace? Who would say unwisely were we precipitated in a war? The Agricultural Department expends $16,000,000, one-tenth as much, in most profitable scientific adventure. The custody of the 250,000 insane costs more than $50,000,000 annually; but not a dollar is devoted by any state to the systematic research into the causes of the insanities that render a quarter of a million charges of the state and a much larger number of unproductive members of society.

These things ought not so to be.

The American Journal of Urology is now appearing under the editorial management of Dr. Leo Berger, of New York City, he having succeeded the late Dr. G. de Santos Saxe.

THE SCHOOL ROOM.

D. L. FIELD, M. D.

JEFFERSONVILLE, IND.

A faulty construction of seats and desks, may cause spinal curvature, with distortion of the chest, that would favor the development of consumption; the air of school rooms is usually bad, the rooms being too much crowded, the air rebreathed and contaminated, from lack of proper ventilation, must result in weak lungs, and lung diseases. There should be a system whereby the air can be purified constantly in school houses. Even in the cell-houses of our Indiana Reformatory, the air is freshened every seven minutes! So convicts fare better than some school children! The fewest number of school rooms have adequate space and ventilation!

Prof. Richardson asserts that a large proportion of consumptives have been brought to their condition by close school rooms, and school hours far too prolonged.

Dr. Bowditch, of Boston, said, that it was very common for the consulting physician to see a child who has been at school, much interested in the studies, and constantly stimulated by the teachers and parents, without regard to physical health, to study hard to stand high in the class, that they may obtain prizes. The prize, or the examination concluded, being the signal for decay of physical power, and in many cases, the development of pulmonary tuberculosis.

Dr. Clark says the methods pursued in our schools (some of them) is responsible for much of the chronic invalidism of females. He says the force, which should have been used up in the production of blood, muscle, and nerve, is expended in excessive brain work in the school room; therefore, they come forth illy prepared to transmit healthy life to their children, should they marry. During the school-life of a girl, at school as now conducted (although some are improved now as to hours and studies, as well as having large rooms), a foundation is often laid for disease.

Another evil of our school system, because in order to keep up, so many must study at night—is failing eye-sight. The number of school children who are compelled to use glasses in early school-life, is deplorable.

One author says, "Serious tendencies to disease of the nervous system, are developed in the school room. Temporary active hyperemia is the condition of brain action," and it is easy to understand the

Digitized by Google

young brain, subject to severe and long continued strain, may be vitally injured. Our present system, in some schools, is a machine method of education. The individual peculiarities of the child, are lost sight of, in an effort to make everything conform to rule and system; the bright one cut down, and the dull one stretched up. Of course, in private schools, these peculiarities, are more easily managed, as the classes can be organized to suit nearly every individual case; but in public schools, the craming, crowding ahead system, is the rule, in order to pass from one grade to another "on time!" It is a law among living, things, that rapid growth and development are followed by an early decline, and the brain of a child offers no exception to the rule!

The system of education that is at the expense of health, is a serious question, and every physician should be interested in the prevention of the evils peculiar to the present school system. In fact, every school-board should have a physician as one of its members. If not a member, the schools should have the services of a competent medical man, to look after hygiene and sanitation of the schools, and the pupils. It would be wise to have lectures before the schools, which would instruct both teacher and pupil on the laws of health.

Utah State Medical Association.—The seventeenth annual meeting of this society closed on October 5, with the election of the following officers: President, Dr. R. W. Fisher of Salt Lake City; vice-presidents, Dr. C. E. West of Salina, Dr. E. H. Smith of Ogden, Dr. T. G. Howells of Bountiful; secretary, Dr. W. Brown Ewing of Salt Lake City; treasurer, Dr. H. P. Kirtley of Salt Lake City.

Medical College Graduates.—In 1880 there were graduated 3,241 physicians from all schools. In 1904 the number graduated was 5,747—perhaps the high-water mark. Ever since, possibly because of more stringent supervision of standards, the number has decreased, till last fall it reached 4,273. In 1880 there were for every 100 graduates, 82 regulars, 12 homeopaths, and 6 eclectics. In 1911 there were for every 100 graduates, 94 regulars, 3½ homeopaths, and 2½ eclectics. The homeopathic colleges graduated 380 in 1880 and only 152 in 1910. The reduction in the eclectic graduates has been from 188 to 110. The physiomedical has ceased to exist. This shows the trend of medical education.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Water.

Next to air there is nothing so necessary to life as is water. The progress of civilization has not yet made it possible to meter and charge humans for the use of air, but water, being a tangible substance, has long been subject to purchase with a vast majority of the earth's population. In rural districts the locating of a well and digging of the same, or the provision of an adequate cistern ends the individual's anxieties in the matter of water service; in cities all this is out of his hands, water is provided through channels out of his control, when he has paid the price the water runs, otherwise not. Here in St. Louis we have always prided ourselves on the abundance and purity of the water which is furnished us. Even in the days when the mud of the Missouri had to be settled out of water drawn from the faucet we still had the confidence that both mud and water were a little better than that furnished any other city. With the discovery of a method of eliminating the mud there was some conjecture as to whether the water was still of the same uniform tastefulness and healthfulness as formerly, but time has satisfied us that this is the fact. True we have an amber colored liquid at this season which, we are told by those in authority, is due to the fall of foliage into the rivers and harmless; and later we will have the musty tasting water which will be accounted for by the same authorities by the fact of ice; these defects are of short duration and of little consequence. But a new problem has come up in connection with St. Louis' water. A few months since the city was given a new Water Commissioner. Now it is a matter of common knowledge that the Water Department of St. Louis has been for years, its one most profitable department; it has not alone paid its own way and done a tremendous expansion, but we have been informed of a considerable surplus which has been accumulated, and this in the face of some material reduction in water rates

Digitized by Google

which went into effect a few years since. All this is well, even though we do not believe in a city's charging one cent more than definite and absolute cost for a necessity of the character of water, the charges have not been exorbitant and have occasioned little complaint or hardship. But we have been hearing during the past month that the citizens are wasting water, and that to hinder this the commissioner proposes to put the city to the tremendous expense of installing meters in every habitation and thereafter to charge meter rates for water used. It is to be hoped that the opposition to this move will be so forceful that it will never be consummated. It is a healthful sign when any city uses much water. No reasonable endeavor should be neglected to prevent purposeless waste of water; but the citizens of every city should be encouraged to use water freely in every useful way, if the water is pure such use is for the public good. If the department can furnish it there should be abundance for domestic use, for the lawn, for any legitimate purpose; water means a city beautiful and, what is more, a city healthful. The Water Commissioner need not worry if his year's balance shows less of a balance for the "surplus" than have been shown by some years during the service of his predecessors if he feels that he has materially contributed to the health, happiness and beauty of our city. The citizens of the city will stand by him if he gives us an abundance of water, an abundance for all purposes, and simply makes his department pay its own expenses and for necessary extension. He may try to convince us that the meter game will result in cheaper water, but it doesn't sound just reasonable, and it certainly isn't a measure which is going to encourage the elements of the community to use water which should be most encouraged in that direction. In the words of the Immortal I. N. Love—words not original with him, but so often repeated by him as to seem his own: "Water externally, internally, eternally means health." Water should certainly be readily accessible to anyone and everyone so long as it is used to a purpose other than seeing or hearing it run.

Vaccination and Antivaccination.

There are a considerable number of us who live in this section of the world who have associated opposition to the very generally established and recognized system of prevention of smallpox—vaccination—with something foreign to our interest; it comes therefore as something of a surprise to us to find St. Louis the storm center of a most vigorous campaign against the practice. The present agitation against vaccination is based on a supposed conflict between the compulsory educational law and the vaccination order, it being claimed that the latter affects personal liberty in a manner incompatible with the former. Vaccination has so fully demonstrated its value as a protective agency that it seems strange that this enlightened age should witness such an organized opposition to it, and stranger still that gentlemen of the Homeopathic school, which believes in the Similia Similibus doctrine, which certainly should include vaccination, are in the forefront of the opposition but flanked on either side by more or less prominent men of the Regular school. Modern medicine has much to contend with, its purposes, its acts and its motives are constantly misunderstood and opposed by those whom it would benefit. In no other calling can so much disinterested endeavor for the public good be demonstrated; it endeavors to teach the public how to live right, how to get along without medical attention by right living, it is "killing the golden goose" in the greater part of its endeavor, for the greater part of its work along sanitary and hygienic lines is opposed to sickness, and to its own income. One uninformed would think, to read what is being said in connection with this antivaccination controversy, that the material part of every physician's income comes from vaccination, and that he advocates the procedure simply because of the revenue which comes to him as a consequence. It sounds like a joke to those who know, yet the public reads it is fact, we know that the major portion of this work is done by salaried public officials, and we doubt if vaccination means the average of one dollar a year to other physicians of St. Louis. Of course we would not dignify with a semblance of attention the suggestion that physicians are interested in the method from pure hard-heartedness, and that they contemplate the rare but occasional and unfortunate case of vaccinal tetanus with anything but profound regret. The very fact that the profession generally advocates and practices vaccination, when taken in connection with its well known humanitarian efforts along the lines of sanitation, hygiene and preventive medicine, should be proof conclusive to even a prejudiced person that there is genuine good in the measure. The local profession should be generous in its support of

Digitized by Google

the St. Louis School Board and its medical officers in the present controversy. It is simply another case where we have to go to great length to protect people from the penalty of indulging their own ignorance, there is no particular pleasure in the effort, nor much thanks, but it is in the line of duty.

The Independent Medical College.

In our last issue we announced the merger of the American and the Barnes Medical Colleges of this city, the institution to continue as the American Medical College and to occupy the buildings of both schools, though it will do the greater part of its work in the building at Garrison and Lawton avenues. Considerable conjecture is being indulged in relating to the ultimate fate of the St. Louis College of Physicians and Surgeons, since a second refusal of the State Board to recognize it as in good standing, and we still feel that it is unfortunate that this school could not have been brought into the merger and placed its equipment and building at the command of the reorganized school. In this way St. Louis would have had but three schools, the two university schools and one independent—the American; as things stand there is not an especially good outlook for the Physicians and Surgeons, and its splendid building and unexcelled clinical location may be lost to medicine and be converted to commercial use. The consolidation of the American and Barnes was not effected as harmoniously as we could have wished, but placidity is being regained. The American seems to be making use of its opportunity, the strength of the two faculties is being brought together and some new material introduced. It seems probable that the school will be so strongly established as to be a permanent factor in the problems of education here in St. Louis.

ST. LOUIS ITEMS

Election Again.—The St. Louis Medical Society has issued its nominating ballot and the offices are again seeking the men. There has been so little preliminary caucusing this year that the average of the membership is utterly in the dark as to proper material or the line of promotion; this means that there is little probability of any material change in the complexion of the society's officialdom.

The Retirement of Hospital Commissioner Morfit.—On November 1st the Mayor and Hospital Board by a vote of 4 to 3 retired Commissioner Morfit as the head of our municipal hospital service. Dr. Morfit's attitude during these later trying days has tremendously increased the admiration of the profession and public for him, and it is a sentiment generally expressed that those who were instrumental in the matter of his retirement will have reason to recognize their error later. No successor has yet been appointed to fill the important vacancy, but predictions are strong the choice lies between Dr. Jas. Stewart and Dr. Oscar Elbrecht; some very surprising "dark horses" are also mentioned in the same connection. The Hospital Board is finding that it was easier to retire a commissioner than to find a suitable successor; it is certain that with the board as now constituted the position promises much of annoyance to the man who shall finally be chosen.

Washington University's Public Lecture Course.—Washington University announces the following lectures by members of the Faculties. These lectures are open to the public without charge and will be given at the University in room 100, Cupples No. I, on alternate Monday afternoons at 4 o'clock, beginning November 6. A break will occur at Christmas:

Nov. 6: Pictures of Home Decorations, Edmund Henry Wuerpel.

November 20: The Influence of the King James Bible on English Style, John Livingston Lowes, Ph.D.

December 4: Why Aeroplanes Fly, George Oscar James, Ph.D.

December 18: Scenes from Crete and Southern Greece, about 2000 B.C., Frederick Aldin Hall, Litt.D.

January 8: Darwinism Today, James Francis Abbott, Ph.D.

January 22: Lines of Progress in Medicine, George Dock, M.D.

February 5: Tolstoy, Otto Heller, Ph.D.

February 19: Force and Matter, Francis Eugene Nipher, LL.D.

March 4: Plants that We Drink, George Thomas Moore, Ph.D.

Successful Medicine, a journal devoted to the doctor's affairs other than those connected with science, has made its initial appearance. There are few physicians who do not need to be taught to take care of the business end of their calling, and this is what Editor Harrower purposes to do in this journal. Successful Medicine should have a fine subscription list for every physician needs just the information it gives.

Digitized by Google

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Anatomy. A Manual for Students and Practitioners. By John F. Little, M. D., of the Jefferson Medical College, Philadelphia. New (4d) edition, enlarged and thoroughly revised. 1 mo, 491 pages, with 75 engravings. Double number. The Medical Epitome Series. Philadelphia and New York: Lea & Febiger, Publishers, 1911. (Cloth, $1.50, net.)

That this work has fulfilled the purpose for which it was designed is shown by the demand, which has exhausted several printings of the first edition, and has now led to the call for a revision, in which it has been brought thoroughly up to date and improved in many ways. The present revision has been placed in the hands of Dr. John F. Little, of the Jefferson Medical College, Philadelphia. This arrangement is an admirable one, for not only is the author well equipped for his task, but he has also availed himself of the valuable suggestions of Professor E. A. Spitzka, one of the foremost anatomists of this country. The volume therefore should be of the utmost assistance to students for purposes of quizzing, and to physicians and surgeons for refreshing their memory on anatomical points.

Diseases of the Stomach, With Special Reference to Treatment. By Charles D. Aaron, Sc.D., M. D., Professor of Gastroenterology and Adjunct Professor of Dietetics in the Detroit College of Medicine, etc. Octavo, 555 pages, with 42 illustrations and 21 plates. Philadelphia and New York: Lea & Febiger, 1911. (Cloth, $4.75, net.)

The author's objective has been to write a work on the purely practical aspects of gastric diseases, to limit himself to what is definitely known and to exclude mere speculation. Etiology, symptomatology, pathology and diagnosis are introduced so far as necessary to an understanding of the methods of treatment proposed, and space is therefore available for developing the therapeutic sections in full detail. Diseases of the stomach are so universal and are the starting point of so many other evils that very physician needs to be posted on the latest advances attained in this highly progressive branch of medicine. These he will find authoritatively set forth in Professor Aaron's pages, together with previous knowledge that has stood the test of time, in a word, the whole subject as understood at the present date. He has given the indications for surgical intervention, so that this course may be utilized only when necessary, and useless or injurious operations may be avoided. The author's very eminent position in the ranks of American gastroenterologists will attract wide attention to this important work, which will not disappoint expectations.

SOCIETY PROCEEDINGS

THE NASHVILLE MEETING OF THE M. V. M. A.

On October 17th, 18th and 19th, the thirty-seventh annual meeting of the Mississippi Valley Medical Association was held in Nashville, Tennessee. There were registered at this meeting 150 members, though this number does not indicate the attendance at the various sessions, as fully twice that number of physicians were present during the meeting. It was noted that quite a large number of physicians came from neighboring cities and attended the sessions, but failed to register.

The Mississippi Valley Medical Association is the second largest medical association in the United States, and has held annual sessions for many years. It has at all times been thoroughly independent, and has never let itself become handicapped in any alliance which would in any way tend to its hampering or detriment.

The headquarters of this meeting were located at the New Hermitage Hotel, and those of us who enjoyed the hospitality of that hostelry can testify to the fact that the accommodations, service and up-to-dateness of the hotel compare favorably in every way with any of the more more modern hotels in the large cities.

The Surgical Section met in a room of the Young Women's Christian Association building, but a short distance from the Hermitage, making it very accessible to the various members who cared to divide their time between the Medical and Surgical sections, the Medical being held in the hotel.

The scientific program at this meeting was, in the main, an inviting one, the papers evincing careful preparation and a broad scope of subjects considered.

On the evening of the first day, the annual address of Dr. Robert H. Babcock, the President, together with the address in Medicine of J. C. Wilson, of Philadelphia, on "Doctors and the People,"* and finally the address in Surgery by that master teacher, Joseph D. Bryant, of New York City, on "The Indebtedness of Posterity to the Pioneer Surgeon of the Mississippi Valley," which was a grand tribute to McDowell.

The scientific program was extremely rich in excellent material, the symposia well arranged, the papers bringing out a full discussion.

Two papers, both read by Englishmen,

*This address will be found in this issue, on page 453.

Digitized by Google

Dr. C. W. Suckling and Mr. William Billington, both of Birmingham, created a mild sensation and considerable opposition because of the extreme views enunciated. The fromer attempted to prove that a very large number of morbid mental conditions were directly traceable to dropped kidney, while Mr. Billington attempted to replace the operation of nephropexy among the most useful and indicated operations in surgery, contrary to the generally accepted views held by us on this side of the water.

Among the other readers of papers, we might mention excellent contributions by Drs. W. C. Rucker, of the Marine Hospital Service; Fenton B. Turck, of Chicago; Arthur Elliott, Chicago; A. Ernest Gallant, New York; Albert E. Stern, Indianapolis, Ind.; I. A. Abt, of Chicago; W. F. Braasch, of Rochester, Minn.; Hugh Cabot, Boston; J. H. Carstens, Detroit, Mich.; Daniel E. Eisendrath, of Chicago, together with papers presented by St. Louis physicians, namely, Drs. George Dock, Bransford Lewis and William Engelbach.

Dr. H. J. Scherck, of St. Louis, led the discussion on the papers of Billington and Suckling, and while appreciating the care and work entailed in the presentation of the subjects by these gentlemen, he took an opposite view in regard to the efficacy of the methods and indications as outlined in their contributions.

The social features were in keeping with the reputation earned by the Mississippi Valley Medical Association during its long career. The smoker and vaudeville, given on the evening of the second day was particularly enjoyable and entertaining, but by far the most inspiring entertainment was a visit to the home of "Old Hickory," the Hermitage. The members and their wives were taken there in automobiles and shown through the residence and old estate. This has been well kept up, and made the show place of that section of the country, though to the efforts of the ladies who have organized an association for that purpose.

The members were given the honor of greeting and shaking hands with the grand-daughter of the wonderful character, Andrew Jackson. She is well advanced in years, but her mind is bright and active, and her manner gracious and kind.

On this occasion Dr. J. A. Witherspoon, of Nashville, the former president of the association, delivered one of the most beautiful addresses, standing on the steps of the Old Hermitage, that it has ever been the writer's pleasure to listen to.

The meeting in Nashville, will be long remembered as one of the most successful from a scientific and social standpoint, in the history of the organization.

The following officers were elected for the ensuing year: Louis Frank, Louisville, Ky., president; Albert E. Sterne, Indianapolis, Ind., first vice-president; F. W. Werner, Joliet, Ill., second vice-president; Henry Enos Tuley, Louisville, Ky., secretary; S. C. Stanton, Chicago, Ill., treasurer.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

*Twenty-fourth Annual Meeting, held at Omaha, Neb., September 7 and 8, 1911.**

(Continued from page 450.)

Superacidity, a Symptom.— Dr. J. M. Bell, of St. Joseph, Mo., stated that in the study of excessive secretion of hydrochloric acid there was found another train of associated lesions, such as pylorospasm, duodenal ulcer, the immediate result of irritation from a too highly acid chyme. In the treatment of these lesions we were confronted by a twofold problem: First, to dispose of the distressing symptoms; second, to suppress permanently the overplus of hydrochloric acid. In attempting to answer the latter problem his investigation had opened a large field in diagnosis. In recent years physicians had been considering superacidity as a disease entity, and it was so listed in text-books. Now, it was found that this condition was merely a symptom, a cry from distant parts, a warning we must learn to interpret aright and respect if we would expect to progress. Thus far there were three source of excessive hydrochloric acid: First, the stomach; second, the nervous system; and, third, a reflex from abdominal lesions. The stomach, which a few years ago was blamed for all superacidity, was now considered the least serious offender. Excessive eating, rapid eating, alcohol, condiments, pepper, mustard, and dietary faults in general were responsible for the condition, but in most cases only in a transitory way. The stomach being irritated by any of these factors, as in overstimulation in glandular tissue elsewhere, increased its output. These cases were easily managed. A withdrawal of the irritation, a rational regard of hygiene, restricted diet would dispose of superacidity when rising from within the organ. This class of cases was the smallest in number, and most easily managed of the category. It was demonstrated that only in about ten per cent of all stomach diseases was the stomach itself at fault. In the balance, ninety per cent, the gastric symptoms were

Digitized by Google

reflected from elsewhere. In the second class, the neurotic cases, there was found a larger number, harder to diagnosticate and more difficult to dispose of, because of the deeply seated nature of the neurosis and the impossibility of effecting the necessary sociological rearrangement of the lives of the patients. In these cases there was a general exaltation of nervous phenomena, not only excessive gastric secretion, but salivation, polyuria, tachycardia, and excessive overflow of nerve energy in all directions; the result of overwork, nerve strain from social or business excesses, high pressure somewhere. In the neurotic type we usually found a combination of the first and second classes, from the fact that individuals of high nerve tension were apt to eat rapidly, inordinately, so that the excessive secretion from nerve overstimulation was augmented by the daily insult offered the stomach directly by imperfect mastication. In this class of cases treatment and rest of the stomach alone was ineffectual. The daily life must be rearranged, irritation through the nervous system must be disposed of, nerve tension lowered, before the high acid wave could be made to disappear. In this class of cases superacidity was not in any sense a local condition, but rather one evidence of a general disturbance. In these cases the oversecretion was evanescent; one day high, the next day low, one day excessive, and again absent. This very irregularity helped to indicate a neurotic origin in contradistinction to an organic disease such as was found in the third class. The third class, those from the abdominal reflexes, constituted a group of still deeper origin and presented a task that full aroused the ingenuity and skill of the internist. Whether it was due to the close proximity of the solar plexus, the abdominal brain, or because the stomach was an abdominal barometer was the question, but the fact remained that many lesions throughout the entire abdomen reflected themselves upon the stomach to such an extent that excessive secretion was the result. It was of the utmost importance that these phenomena be borne in mind in all cases of superacidity, that nature thus indicated a lesion beyond the digestive tube, a warning to this, the food reservoir, that the correlation of digestive functions was distinctly disturbed. In the majority of cases this would be found true, particularly when it was persistent and when all ordinary measures for the relief of superacidity failed.

While in this class of cases the location of the lesion was conjectural, there were a number of symptom complexes which were fairly constant. In chronic cholecystitis the acidity was persistent, alkalies, belladonna, etc., had merely a temporary effect. Dietary changes, massage, exercise, colon irrigation, all failed to give permanent results unless the gallbladder infection was recent and mild; otherwise drainage alone gave permanent results. The acidity associated with duodenal ulcer was characteristic. It came late after eating, three or four hours depending upon the diet, and persisted until the next meal. It was most noticeable about 10:30 a.m., 4 p.m., and most characteristic in the middle of the night. The gnawing and burning awakened the patient, necessitating a drink, a cracker, or other food, after which sleep came again. It was persistent. Beyond this factor there was a blood reaction in the stools, seldom in the vomitus. With this diagnosis one could choose between medical and surgical treatment. The later offered the best results, although the speaker had permanent recoveries even after distinct hemorrhage of the duodenum. When acidity arose from pyloric obstruction, it was always associated with food retention from four to seven hours. A large test meal and stomach tube must be employed. It was impossible to detect such infections early without routine examinations. It might be hypertrophic stenosis, obstruction from an ulcer, ptosis of the colon, or even from gastric atony.

Dr. James T. Axtell, of Newton, Kan., stated that persistent superacidity might be due to the presence of gallstones, to ulcer, or appendicular inflammation, or to some other trouble. This was one of the most important things for us to be on the lookout for when we encountered these cases with persistent acidity. Just as cystitis was not always due to primary disease of the bladder, so superacidity did not necessarily mean disease of the stomach.

(To be continued)

Monument to Servetus.—A statue of Michel Servetus, the Spanish physician and controversialist, who may have been the discoverer of the circulation of the blood, antedating Harvey by a hundred years, and who was burned at the stake for heresy, was unveiled at Vienne, France, on October 15. This is the third monument erected to Servetus in France. There is also one in Geneva where he suffered martrydom.

Digitized by Google

THE MONTH'S MAGAZINES

St. Nicholas in 1912.—There is to be a new base-ball series in St. Nicholas during 1912, a companion to the series concluded in the October number. The new series will deal even more minutely with the fine points of the great National game, enriched by the experiences and incidents of the last race for the pennant in the National League. In one instance this series seems to have worked disaster to a local manager, for a resident of a Western town sends the magazine a letter stating that, after reading the St. Nicholas articles, their club had promptly decided that their manager was a "bonehead," and had asked for his resignation.

The Century in 1912.—Henry T. Finck's paper in the November number of The Century on "Ungastronomic America" is to be followed by two others carrying further the discussion of this timely and important subject. These later papers will be practical suggestions on multiplying the pleasures of the table and the future of cooking and eating. Mr. Finck for many years has made a special study of gastronomic subjects. Mr. and Mrs. Joseph Pennell, etcher and author of note, and well-known experts on Whistler, will contribute to an early number of The Century a paper presenting a somewhat neglected phase of activity of the great American painter. The illustrative material will be new to the public.

Travel-Pictures.—One often finds upon reflection that travel, after a short time, resolves itself into a few distinct and moving pictures that stand out against a background of general, blurred motion. So there stands out on the Riviera a certain day when the motor-car wound in and out among narrow streets of painted houses, where the merry inhabitants complaisantly flattened themselves against the wall to let it pass. It climbed up and down hills, with terrraced groves of olives on one side of the road, and a shallow opalescent sea on the other. And all motion was made to the low, continuous accompainment of the upsurging, long withdrawing ocean. Another picture is that of the small dead towns that sit high up on sheer Alpine ridges between the borders of France and Italy. The little towns on the top of the rocky mountains look as dead as the rocks themselves, indeed as if hewn out of the rocks. Layer upon layer of flat roof, staring empty windows, and each little lonely village perched so high from human intercourse, with its square, white church tower. Gray, lonely, deserted, and yet each one with its aspiring symbol! Little egress those men must have had to the solace of man and work, and difficulty must have attended each descent into the world; but the church was there, and they could doubtless enter at any moment and find God, who is everywhere. Was it not Heine who complained that it was very inconsiderate of the German philosophers to abolish God, since "whom, pray, am I to groan to at night, after my wife has gone to sleep, if there is no God?"—Harper's Weekly.

Mecca—A City Visited by One-seventh of the Human Race.—Although one of the most inaccessible cities on earth, Mecca each year has visitors in such number that it must be ranked in this particular with London and New York. Even the world's metropolis on the Thames can boast no such cosmopolitan character as is imparted to this mysterious city in the wilderness of Arabia by the myriads of pilgrims who, at the cost of incredible pains, annually crowd into its confines. The city is the oldest place of resort in existence, yet of all the millions who have visited it not a score of Christians are known to have come out alive. No flag of citizenship would save a man's life were he known to be a Christian within the sacred precincts of the city where the Prophet himself decreed that no unbeliever should set foot. Of the two hundred and twenty-five million Moslems in the world, only fifteen and a half million live under the Turkish flag, yet most of them acknowledge the Sultan of Turkey as their caliph, the successor of the Prophet. As Mohammed shrewdly foresaw, the Mecca pilgrimage binds together his disciples into a unity which could we effected in no other way. "Mecca," says Dr. Samuel M. Zwemer, of Arabia "has become the religious capital and the center of universal pilgrimage for one-seventh of the human race."—W. T. Ellis, in Harper's for November.

Japan's Attitude Towards America.—Whichever way you may look at the situation, the one fact stands supreme. The new Anglo-Japanese treaty marks the new era of peace in the Far East. Another fact is that the new treaty is the direct outcome of the Anglo-American arbritation treaty. Whether the Anglo-American treaty pass the United States Senate or not, no one can say. The august Senators will probably decide its fate early next month. As far as Asiatic diplomacy is concerned, it matters not at all. Article IV of the new Anglo-Japanese treaty is the chief contribution of

Digitized by Google

the American arbitration treaty to the diplomats of the Far East. And the most eloquent thing about it all is the prompt and eager manner in which Japan took to the new provision excluding the United States from the list of possible powers against whom, in time of trouble, she may expect British help. Her is the death blow to all the entertaining talk of the American-Japenese war lunacy. If there were a bare ghost of a possibility of Japan's getting into trouble with America she would have hesitated over the pregnant Article IV of the new treaty. Did she? Did she at least insist that the treaty should not be murdered four years before its natural term of life? Not at all. The new treaty was concluded in a manner and time scandalously brief and sudden for so important an agreement. It came at the right time, also. The so-called four-power loan to China was successfully negotiated this year. Much talk has been manufactured over it, some of it not intended for the funny sheet of a Sunday newspaper. There were prophets among the American newspaper correspondents in the Far East, who told us that America is bound to fight Japan over Manchuria. They talked as if America would actually send her soldiers six thousand miles over sea to fight and die for money—not for the life of Mr. Morgan and others of Wall Street or Mr. Straight who represents them, but for their money invested in China! The new treaty makes it plain that if the American soldiers insist on going out to Manchuria to die for American bankers' money, they will have to find some other power besides Japan to furnish shots and powder. Moreover, there are people in Japan who think that the Chinese, not the Japanese, would give the American bankers all the worry they may wish to have over their investments in China. Witness the revolutionary volcano upon which the dragon throne of the Manchu dynasty rests. No one, not even Wall Street men, can expect the real Chinese, the sons of Han, when they come into their own ancient sovereignty, to pay the debts of their enemy, the Pekin government of today.—From "Anglo American Arbitration and the Far East," by Adachi Kinnosuke, in the American Review of Reviews for November.

A good intention is like a small but healthy plant from a good seed. In proper soil with proper environment it is sure to produce good fruit.

SURGERY

Hemorrhoid Technic.—The essentials of hemorrhoidal operations according to A. B. Cooke, Nashville, Tenn. (Jour. A.M.A., August, 12), are: 1. Complete hemostasis. 2. Immediate closure of the operative wounds. 3. Preservation of the function of the parts. 4. Permanency of cure. 5. Due consideration of the factors of safety, simplicity of technic, time required for recovery, and the amount of postoperative pain. The older methods are open to criticism, the ligature method failing in the second requisite, and the clamp and cautery failing as regards the fifth. Of more recent methods, the Whitehead operation conforms only to two of the requisites, the second and fourth, and its modification by means of the use of Earl's clamp, while an improvement, also involves the danger of interference with function of the part. Pennington's enucleation operation has many features to commend it but it fails as regards avoidance of hemorrhage and is not a simple procedure in the operation itself or in its after care. Cooke offers as the method which he thinks meets all the indications the following clamp and suture method used by himself: "A narrow clamp with tapering blades is applied to the base of the hemorrhoid to be removed in a direction parallel with the long axis of the intestine and so that its smaller, or free, extremity engages the upper, or proximal, portion of the tumor. By depressing the handle of the clamp the end of the blades where the suturing is to begin is brought into full view. A No. 1 or No. 2 plain sterilized catgut suture threaded on a round, half-curved needle is now passed beneath the tip of the clamp and securely tied on the sound mucosa above the base of the tumor. This is the most important step of the operation as, if properly executed, the blood-supply of the tumor that is being dealt with is at once effectively controlled. With scalpel or scissors the portion of the tumor outside the grasp of the clamp is amputated and a continuous suture inserted over the clamp blades, as in the Earl operation. The clamp is then gently loosened and withdrawn and the suture carefully and uniformly tightened and secured at the skin margin. Each pile tumor in turn is treated in a similar manner. If one or more of the growths is of the externo-internal variety, the clamp should be so adjusted as to include as much of the anal margin as may be indicated at

Digitized by Google

each application. In order to avoid the possibility of the tissues slipping from the grasp of the clamp, it is best to amputate the overlying portion of the tumor by degrees, following the knife or scissors closely with the sutures. As a rule the sutures should be placed from 1-6 to 1-8 of an inch apart, though when the first one is properly placed, the danger of hemorrhage is largely eliminated and approximation of the edges of the mucosa is the chief purpose of the remainder." The only dressing needed is a well-lubricated strip of gauze in the rectum and an external compress and pad and a T-bandage. He does not claim priority or originality but has not seen it described and the only new feature he calls attention to is the clamp, which is only a modification of the original Earl's clamp. The method is closely allied to the clamp and cautery operation, but the suture is used instead of the cautery for hemostasis and closure of the wound.

Dealing with the Sac in the Radical Cure of Inguinal and Femoral Hernia.—There is reason to believe, says H. McClure Young, St. Louis (Interstate Medical Journal, October), that the ordinary indirect inguinal hernia is always to that extent congenital that a sac lined with peritoneum persists after the descent of the testicle is accomplished, and that this sac awaits only some extraordinary exertion or some relaxed condition of the parts to receive a loop of bowel from above. In dealing with hernia, therefore, the obliteration of this sac must always be insisted upon as one all-important step in the operation. From this standpoint Young discusses the various operations for inguinal hernia, but says that none so logically answers the necessities of the condition as the one devised by Lexer, which he describes as follows: The skin and aponeurosis of the external oblique are divided in the usual way and the sac freed as far up as the internal ring, where it is ligated securely as high up as possible, but not yet removed. A pair of slightly curved forceps is now passed under the free margin of the conjoined tendon, insinuating them gently upward between the muscle and peritoneum for a distance of about two inches. Here the point of the forceps is pushed forward through the muscle. Into the jaws of this forceps is now introduced the jaws of a second pair of similar forceps, locking them securely and withdrawing the first pair, thus conducting the second pair along the route of the first down toward the internal ring. The loose end of the sac is now clasped in the jaws of the forceps withdrawn. This brings the sac out through the muscular tissue at a point about two inches above the internal ring. It is pulled upon until the neck of the sac or point of original ligature comes to lie firmly against the posterior surface of the muscle at this point, a thing which requires no great amount of force.

Two or three sutures now anchor the sac to the muscle and the redundant portion of the sac is cut away. The Bassini operation may now be performed or any other procedure resorted to which the requirements of the case may seem to indicate. Should the surgeon wish to avoid drawing the sac through the muscular tissue, he may proceed as follows: Having ligated the sac, he leaves the end of his ligatures long and threads each upon a needle. He then removes the sac, and passes an additional suture through the neck of the sac and again threads each end upon a needle. He now inserts a finger under the free margin of the conjoined tendon and dissects it bluntly from the peritoneum for a distance of about two inches, at which point he passes his needles through the muscular tissue from within outward in such manner that his knots when tied shall lie in a direction parallel with the muscular fibres and about a centimeter and a half apart. The tying of these knots now draws the neck of the sac firmly up against the posterior surface of the muscle. The author says that when surgeons in general understand more perfectly the object aimed at and always to be kept in mind in such operations, the old practice of leaving the neck of the sac at the mouth of the hernial opening to invite recurrence will become obsolete.

(To be continued.)

Dr. Flexner Wins Scottish Prize.—The University of Edinburgh has awarded the Cameron Prize in Practical Therapeutics to Dr. Simon Flexner, director of the Rockefeller Institute for Medical Research in New York City. This prize, amounting to $500, is awarded every five years to the person who, in the preceding five years, has made an important contribution to practical therapeutics. The award to Dr. Flexner was made in recognition of his researches on epidemic cerebrospinal meningitis and on its treatment with antimeningitis serum. In accordance with custom, Dr. Flexner has been invited to give an address at the University of Edinburgh, some time during the coming academic year, on the researches in recognition of which he has received the Cameron Prize.

Digitized by Google

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Barytes, commonly known as tiff, is a native barium sulphate. Last year, Missouri placed on the market 54 per cent of all the barytes mined in the United States during that year. The mineral is used in the manufacture of cheap paints, in brick making, in rubber goods, in asbestos cement, in tanning leather, in making wall paper and in manufacturing poker chips and similar goods.

Original of Sherlock Holmes Dies.—Dr. Joseph Bell, eminent surgeon of Edinburgh, said to have been the original of Sir Arthur Conan Doyle's famous character, Sherlock Holmes, died at his home in Midlothian, October 4, aged 74. Dr. Bell was formerly president of the Royal Medical Society of Edinburgh and of the Medico-Chirurgical Society, consulting surgeon to the Royal Infirmary, and Royal Hospital for Sick Children; demonstrator of anatomy in the university, and was for twenty-three years editor of the Edinburgh Medical Journal. He was an enthusiast in the study of mysterious crimes and gave to his student Conan Doyle his first insight into the wonderful possibilities of arriving at facts by the so-called deductive method.

School Children's Teeth.—The first report of the Dental Hygiene Council, appointed by the Board of Education of the City of New York, shows that about 60 per cent of the children so far examined have defective teeth. The establishment of a free dental clinic and of a regular system for the inspection of pupils' teeth is being agitated as a result of the investigation.

Thymol for Preserving Furs and Woollen Garments.—There are objections to many of the substances recommended for preserving wools and furs from the attacks of insects, either from the point of view of inefficacy or disagreeableness, says the Pharmaceutical Journal quoting the Bulletin Commercial: The author suggests the use of thymol in powder form for sprinkling over the garments, and then wrapping them in paper, or enclosing them in air-tight containers. This powerful antiseptic has also the advantage of deodorizing the garments and arresting putrid fermentations.

A Michigan Leper.—Marilius Jensen, of Calumet, Mich., and the authorities intrusted with his care can find no place for this unfortunate man who is suffering with leprosy. Application has been made to other States which have leper colonies to receive him, but all of them have refused, and it is probable that Houghton county will have to provide for him until the end comes. Now it is feared that the oldest of his five daughters, is afflicted with the disease. It is expected that the county will ask for some other place of detention to be provided, but there seems no way in which this can be done unless the man is received at the State University Hospital.

At a meeting of the College of Physicians, October 4, at Philadelphia, Dr. Francis D. Paterson, of that city, was awarded the Alvarenga prize for his thesis on 'Parathyroid Glandules." The prize is valued at $180. More than a hundred physicians were present at the meeting, and Dr. George De Schweinitz presided. The award is made for original papers of special merit dealing with medical and surgical subjects or theories. It was founded by Dr. Alvarenga, a one-time famous Spanish physician, in whose will were bequests to a

Digitized by Google

number of recognized medical bodies throughout the world, among them the College of Physicians of Philadelphia, to be used as prize money.

Dr. W. A. Evans, former Health Commissioner of Chicago, is now conducting the department, "How to Keep Well," in connection with the Chicago Tribune. Dr. Evans is well fitted for the position, and has an opportunity to carry on the good work he commenced while in charge of that city's health department.

The German Potato Crop.—The reported shortage in the crop of potatoes in Germany has caused a stir among those interested in German factories which produce chemicals requiring the use of alcohol. The price of alcohol in that country will be advanced, but how much no one at present can say.

After the Chipmunk.—One thousand farmers, representing a district of 80,000 acres near Stockton, Cal., have imposed a tax of five cents an acre on themselves as part of a fund to exterminate the ground squirrels in the southern part of San Joaquin county, which are said to be infected with bubonic plague. The campaign will be carried on under the direction of county officials and United States Marine Hospital surgeons.

Wasps in England.—Flies are not so troublesome in England as in America, but wasps have been a vertitable nuisance. They have been so destructive of the fruit crop that in some sections bounties have been offered for their destruction. A number of accounts have appeared in the papers of poison from wasp sting. In one case a motor-man was stung on the neck with such serious effect that he had to have medical attention.

"606."—After all the excitement that has been aroused, and the delirious interest that has been taken in "606," Marshall of London, in an article published in a New York medical journal in July, claims that if the administration of this remedy were free from danger and inconveniences there will indeed be very few indications for its employment in the treatment of syphilis, but the danger and inconveniences, he says, in effect seem to outweigh any possible benefit whatever to be derived from its use. This seems to be a growing sentiment among men who are not following the leaders without thinking for themselves.—Ellingwood's Therapeutist.

After the ligation or occlusion of large veins, the important means essential to the re-establishment of the collateral circulation is the preservation in its best possible vigor of the arterial circulation.

The Cause of Caries.—One physician and health officer at the Birmingham meeting urged the necessity of paying more attention to the food as a cause of tooth decay. He believes carbohydrates, especially sweets, responsible for the decay of teeth. He urges that no sweets be eaten between meals or at the close of a meal, but that they be followed by the use of some food requiring chewing, such as raw vegetables, etc, He does not believe that the tooth-brush—however essential it may be to decency and self-respect—is essential to health. His opinion is that the coarse foods will sweep out the decay germs much more completely than the tooth-brush, and that the latter if used over long periods without renewal of brush, may cause infection followed by pyorrhea. The ordinary pastes and powders do not render the brush antiseptic.

Methylene-Blue as a Test for Malignant Disease.—J. Fuhs and W. Lintz, Brooklyn (Jour. A.M.A., June 24), give in a preliminary report their finding that methylene-blue is decolorized by the urine of patients suffering with malignant disease. The same is true sometimes in cases of rheumatism, nephritis, meningitis, etc., but generally to a minor and variable degree. In most instances these latter diseases can be easily differentiated and eliminated, so it seems that the test may have some value in the diagnosis of malignant disease. Thus far it has been positive in well-established case of malignancy. The technic is described as follows: "Methylene-blue—we generally use 3 to 5 drops of Loeffler's methylene-blue—is added to a test tubeful of fresh urine; sufficient anilin dye is used to give it a decided blue color. The urine is shaken and then allowed to stand at room temperature for from twelve to twenty-four hours. A control fresh specimen of normal urine similarly treated is made. At the end of said time the blue color of the urine disappears; the upper layer, however, which is in contact with the air, still remains more or less blue. The control specimen, on the other hand, remains unchanged, retaining its uniform blue color." A list of the diseases in which the test has been employed with the numbre of cases of each tested and the number of positive and negative reactions obtained is given in the paper.

Digitized by Google

SOCIETY PROCEEDINGS

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Sixth Annual Session at Oklahoma City, Okla., October 10-12, 1911.

While everyone connected with the planning for the Sixth Annual Meeting of this Association had hoped for and expected a splendid time, none were prepared for the fact that this was to be the banner meeting in the history of the Association, as it proved to be in point of the number registered, excellence of program and in the social features provided for the visitors.

The members and their ladies praised in the very highest terms the entertainment the physicians of Oklahoma City and their wives had provided for them.

OFFICIAL MINUTES

The meeting opened with a session of the executive committee at the Skirvin Hotel parlors at 8 a. m. on Tuesday morning, with the president, Dr. M. L. Perry, presiding.

The first business to come before the committee was to authorize the secretary to accept the offer of C. W. Norton to report the proceedings of the section on general medicine at $5.00 per diem and the usual legal rate for the transcript to be furnished the secretary.

The report of the secretary-treasurer was then presented and on motion was received and referred to a committee consisting of Drs. E. H. Carey, J. D. Riddell and J. H. Scott, to be properly audited. Adjourned.

The General Session.

Promptly at 10 a. m. Dr. E. S. Lain, chairman of the committee arrangements, called the session to order in the assembly room of the Masonic Temple. In a few well chosen words he outlined the plans of the committee and introduced Rev. Dr. Philip Baird, pastor of the First Presbyterian Church, who invoked the divine blessing upon the meeting.

Rev. Dr. Carter Helen Jones, pastor of the First Baptist Church of Oklahoma City, was introduced and welcomed the visiting physicians

The president of the Association, Dr. M. L. Perry, now took charge of the meeting, and called upon Dr. Jabez N. Jackson of Kansas City to respond to the welcome.

Following this the president announced that in accordance with the custom of the past, the reading of the minutes would be dispensed with, and began at once the reading of the president's annual address. He chose for his subject "The Management of the Nervous Child." It was filled with excellent advice, given by a man who is thoroughly capable of giving it.

Dr. C. B. Hardin of Kansas City, Mo., presented a paper on "Ulcers of the Stomach and Duodenum, with Citation of a Case of Ulcer of the Duodenum."

At the close of this most excellent and exhaustive paper, the president announced that the discussion of these papers would be deferred until the sections met for the scientific work in the afternoon, and called upon Dr. A. L. Blesh of Oklahoma City to read his paper upon "Surgery of the Gall Bladder and Ducts in Relation to Chronic Pancreatis."

The last paper before adjournment was by Dr. L. Haynes Buxton of Oklahoma City, on "Ocular Complications in Hysteria."

The secretary then designated places for the different state delegations to meet to elect members of the nominating committee, after which the meeting adjourned to take up scientific work in sections during the afternoon.

Members of Nominating Committee.

Missouri—F. B. Tiffany, C. C. Conover, S. G. Burnett, G. W. Robinson and S. C. James.

Kansas—W. S. Lindsey, J. E. Sawtelle, J. D. Riddell, C. A. Petty and M. F. Jarrett.

Texas—J. M. Inge, W. A. Wood, W. H. Freeman, F. D. Boyd and E. H. Carey.

Arkansas—T. E. Holland, E. H. Martin, W. T. Wootton, F. B. Young and J. M. Griffin.

Oklahoma—C. W. Fisk, D. A. Myers, J. H. Scott, W. E. Dicken and L. H. Buxton.

TUESDAY AFTERNOON.

Medical Section.

The section on medicine met with the chairman, Dr. Conover, in the chair, and excellent papers were presented by:

Dr. D. A. Myers, Lawton, Okla., on "Do You Do Your Duty in the Obstetrical Chamber?"

Dr. W. A. Woods, Hubbard, Texas, on "The Uses and Abuses of the Stomach Pump as a Therapeutic Agent."

Dr. E. W. Boardman, Parsons, Kan., on "Arterio-Sclerosis."

Dr. W. S. Lindsey, of Topeka, Kan., on "Vaso Motor Symptoms of Infantile Spinal Paralysis."

Dr. Chas. W. Fisk, Kingfisher, Okla., on "The Therapy of Digitalis."

Dr. Wm. Frick of Kansas City, Mo., on "Recent Advances in the Diagnosis and Treatment of Syphilis."

Each of the above papers was liberally discussed by a large number of members.

Surgical Section.

Promptly at 2 o'clock Tuesday afternoon the section on surgery was called to order by the chairman, Dr. J. F. Kuhn, with a large and enthusiastic attendance. The first paper was by Dr. Jabez N. Jackson of Kansas City, Mo., on "Retro Caecal Appendicitis," followed by:

Dr. J. F. Binnie, Kansas City, Mo., on "Intestinal Stasis" and Dr. John G. Sheldon, Kansas City, Mo., on "Incisions."

The discussions on these papers and on the paper read by Dr. A. L. Blesh before

Digitized by Google

the general session in the morning completed the work of the afternoon and the section adjourned to meet Wednesday morning at 9 o'clock.

Eye and Ear Section.

At the afternoon session of the section on eye, ear, nose and throat, Dr. H. Coulter Todd, chairman of the section, presided. First came the address of the chairman, which was followed by papers by Drs. G. W. Maser, Parsons, Kan., on "Detached Retina; Its Surgical Treatment," and Dr. Edw. H. Carey, Dallas, Texas, on "Glaucoma."

After a full discussion of these papers as well as Dr. Buxton's paper read before the general session, the section adjourned to meet Wednesday morning at 9 o'clock.

Executive Committee

Parlor D, Skirvin Hotel, Oct. 10, 7 p. m.: Meeting of the executive committee with the following members present: President M. L. Perry, Drs. Burnett, Wood, Fassett, Martin, Glasscock, Scott, Riddell, Lain, Vance and Secretary F. E. Clark.

On motion by Dr. Fassett, seconded by Dr. Martin, the committee decided to recommend that the session for the coming year be a three days' session.

On motion the secretary was instructed to omit from future programs addresses of welcome and everything but the scientific papers and the business necessary to properly conduct the affairs of the association.

On motion the secretary and officers of the different sections were instructed in arranging for the next meeting, to arrange for a general session of all the sections in one body each morning, and sections for scientific work each afternoon. After much discussion the secretary was instructed to publish the proceedings of 1911 in book form. By motion duly seconded and carried. Committee then adjourned.

Evening Session

The sections met again in general session, when it was expected that Dr. A. R. Edwards of Chicago, would deliver the principal address of the evening, but the secretary read a telegram from Dr. Edwards saying his son was so seriously ill that he could not leave him. Dr. A. H. Andrews of Chicago, who was to have read a paper earlier on the program, consented to change and delivered a very helpful address on "Trifacial Reflexes." (This paper will appear in full in the transactions.)

Following this the audience was favored with a violin solo by Dr. D. E. Meglio, accompanied on the piano by his wife, which was greatly enjoyed by all present.

Dr. J. F. Kuhn, who was formerly assistant surgeon of the Public Health and Marine Hospital service was especially useful to the association in securing Assistant Surgeon R. M. Grimm, who at this time delivered a timely and interesting address on Pellagra, illustrated by the stereopticon which was provided for the Association through the courtesy of Dr. F. Campe of Oklahoma City, who also assisted by operating the machine.

Following the address a unanimous vote of thanks was tendered Assistant Surgeon Grimm, after which the meeting adjourned to resume scientific work by sections in the morning.

WEDNESDAY MORNING.

Medical Section.

Promptly at 9 o'clock Chairman Conover called the section on medicine to order and the first paper read was by Dr. W. T. Wootton of Hot Springs, Ark., on "High Frequency Current in Chronic Urethral Affections;" next was a paper by Dr. A. B. Leeds of Chickasha, Okla., entitled, "What Shall We De to Be Saved?" followed by a paper by Dr. A. S. Risser, of Blackwell, Okla., on "The Larger Art of the General Practitioner," and the morning session closed with a paper on "Bromo-Delirium," by Dr. S. Grover Burnett, Kansas City, Mo.

Surgical Section.

The surgical section was called to order by Chairman Dr. J. F. Kuhn promptly at the appointed hour Wednesday morning and the first paper was read by Dr. LeRoy Long, of McAlester, Okla., on "Report of a Case Relieved by Intestinal Puncture."

Other papers by Dr. Chas. Blickensderfer of Shawnee, Okla.; "Abdominal Drainage," Dr. A. W. McArthur of Kansas City, Mo.; "Significance of Pain in the Upper Abdomen; Dr. L. H. Huffman of Hobart, Okla., on "Practice of Surgery in Mexico and the United States."

Dr. H. C. Crowell of Kansas City, Mo., "Total or Subtotal Hysterectomy;" Dr. Frances A. Harper of Pittsburg, Kan., "My Method of Treating Uterine Displacements," and the morning session closed with a paper by Dr. A. C. Scott of Temple, Texas, on "Inguinal Hernia."

This was a very busy session for every paper was liberally discussed, due in a very large measure to the excellent management of Chairman Kuhn.

Eye and Ear Section.

The section on eye, ear, note and throat did not have quite such a busy session Wednesday morning, and therefore were enabled to have a long and free discussion of each paper presented which is very necessary when full value is to be secured from the paper.

The first paper of the morning was by Dr. H. Moulton of Fort Smith, Ark., on "The Treatment of Trachoma," followed by Dr. Edw. F. Davis of Oklahoma City on "Dacryo-Cystitis, and the Tear Sac Operation;" Dr. J. H. Barnes of Enid, Okla., on "Hypopion Ulcer from Disease of the Tear Sac," followed by adjournment until 2 p. m.

WEDNESDAY AFTERNOON.

Medical Section

By special agreement the symposium on "Pellagra" which should have been taken up earlier on the program, was set for 2 o'clock.

Through the courtesy of Dr. Leila Andrews of Oklahoma City the symposium

Digitized by Google

was opened by the presenting of a clinical case of pellagra, the patient being a woman about thirty years of age.

Dr. Andrews gave a carefully prepared case history, after which all present were permitted to examine the case and ask such questions as were suggested by the case.

Following this Dr. E. H. Martin of Hot Springs, Ark., presented a carefully prepared paper on "The Treatment of Pellagra," and Dr. E. S. Lain of Oklahoma City, Okla., read one on "The Dermatological Phases of Pellagra" which, with the discussions of both papers, closed the symposium.

Following this Dr. W. L. Allison of Fort Worth, Texas, read a paper on "An Interesting Case of Cerebro-Spinal Meningitis." These papers were all well discussed and this closed the scientific work of this section and the following were elected as officers for the ensuing year:

Chairman, Dr. W. T. Wootton, Hot Springs, Ark.

Vice-Chairman, Dr. T. E. Sanders, Shawnee, Okla.

Secretary, Dr. C. W. Fisk, Kingfisher, Okla.

WEDNESDAY AFTERNOON.

Surgical Section

The afternoon session of the section on surgery began with a paper and exhibition of a clinical case of "Osteo-Myelitis," by Dr. J. E. Oldham of Wichita, Kan., followed by a paper on "Treatment of Sequelae of Polio-Myelitis," by Dr. J. D. Griffith of Kansas City, Mo., and one on "Cancer and Its Treatment," by Dr. W. L. Kendall, of Enid, Okla.

Dr. W. J. Jolly of Oklahoma City read a paper on "Septic Infection," and Dr. W. E. Dicken of Oklahoma City closed the scientific work of this section with a paper on "Differential Diagnosis of Diseases Causing Gastric Disturbances."

The work of this section then closed by electing the following officers for the coming year:

Chairman, Dr. Bacon Saunders, Ft. Worth, Texas.

Vice-Chairman, Dr. J. F. Binnie, Kansas City, Mo.

Secretary, Dr. Howard Hill, Kansas City, Mo.

WEDNESDAY AFTERNOON.

Eye and Ear Section.

The work of the section on eye, ear, nose and throat began with a paper by Dr. J. E. Sawtelle. Kansas City, Kan., on "Post Operative Tonsilar Hemorrhage." This was followed by a paper on "Tonsilar Adenoids," by Dr. D. L. Shumate, Kansas City, Kan. "The Conjunctival Flap, Indications and Methods," by Dr. R. H. T. Mann; "Deformities of the Nasal Septum and Their Treatment," by Dr. D. D. McHenry.

After a liberal discussion of these papers the work of the section closed by electing as officers for the coming year:

Chairman, Dr. H. Moulton, Ft. Smith, Ark.

Vice-Chairman, Dr. M. F. Jarrett, Ft. Scott, Kan.

Secretary, Dr. J. W. May, Kansas City, Kan.

The scientific work of all the sections was completed just before 5 o'clock at which time the visiting members of the Association, accompanied by their ladies, were given an automobile ride over the beautiful boulevards of Oklahoma City, through the courtesy of the local profession. The party returning to the Masonic Temple at 6 p. m., where in the banquet hall a splendid dinner had been prepared for the visitors.

The Banquet.

Dr. C. S. Bobo acted as toastmaster, and called upon Dr. Flavel B. Tiffany of Kansas City, Mo., to respond to "The Bushwhacker in Medicine;" Dr. R. M. Grimm, assistant surgeon Public Health and Marine Hospital, to respond to "The Medical Man in Public Health;" Dr. Bacon Saunders of Ft. Worth, Texas, "Flowers By the Wayside" (and Dr. Saunders gathered whole boquets of them); Dr. J. D. Riddell of Enterprise, Kan., next responded to "The Jayhawker in Medicine (write Dr. Riddell for his Swede story); Dr. H. Moulton of Ft. Smith, Ark., to respond for Arkansas. Dr. Moulton said Arkansas had many things to be thankful for, but above all that she was the mother of Oklahoma. Dr. F. H. Clark was then called upon to respond for Oklahoma, the sentiment being, "How Dry I Am."

The toastmaster then called the local profession and visitors to their feet and proposed the following toast:

Our Guests,

"To know, to esteem, to love and then depart,
Makes up life's tale to many a feeling heart."

At this juncture the president announced that the scientific work had all been completed and suggested that what business still remained could be transacted at this time and in this way many of the members could leave for home on the late trains, them. There being no objection to this plan, it was followed. The first item of business being the report of the executive committee, which was as follows:

Report of Executive Committee.

The executive committee recommend that for the coming year arrangements be made for a three days' session. The committee further recommend that each morning and evening session be arranged for general sessions, with appropriate papers presented, and that the afternoon sessions be devoted to scientific work by each section separately.

The committee also recommend that for all future meetings the officers in arranging the program be instructed to eliminate everything but the scientific papers and such business as is necessary to properly conduct the affairs of the Association.

On motion duly seconded and carried, the above recommendations were accepted and adopted.

Digitized by Google

The secretary-treasurer then presented his report, which was as follows:

Total number enrolled as members since organization of Association 675
Total number members in good standing 291
Balance on hand last report.....$189.21
Received from annual dues..... 448.00

Total $637.21

EXPENDITURES.

Vouchers No. 1 to 16, inclusive, all approved by the president.....$574.76
Balance cash on hand..... 62.45

Total $637.21

We, the undersigned committee, appointed to audit the accounts and report of the secretary-treasurer, desire to report that we have carefully examined the same and find each item correct as reported. (Signed)

E. H. CAREY,
J. H. SCOTT,
J. D. RIDDELL.

On motion, duly seconded and carried, the above report was accepted and ordered spread on the minutes.

The following amendment to Art. viii, Sec. 4, By-Laws, was proposed:

By-Laws, Art. viii, Sec. 4. The secretary and publication committee shall divide the papers read at each meeting between the various journals published in the territory of this organization.

On motion duly seconded and carried, the above amendment was unanimously adopted.

The nominating committee then reported as follows:

For president, Dr. A. L. Blesh, Oklahoma City.

For Vice-President (Ark.), Dr. F. B. Young, Springdale.

For Vice-President (Mo.), Dr. G. W. Robinson, Kansas City.

For Vice-President (Tex.), Dr. W. H. Freeman, Lackney.

For Vice-President (Kan.), Dr. W. S. Lindsay, Topeka.

For Secretary-Treasurer, Dr. Fred H. Clark, El Reno, Okla.

For members of executive committee, to serve three years:

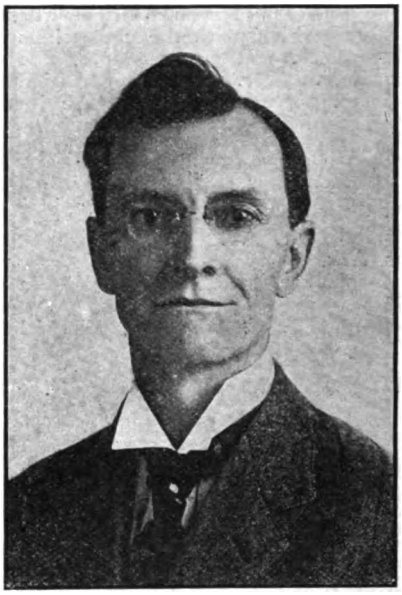
From Missouri, C. W. Fassett, St. Joseph.
From Kansas, J. D. Riddell, Enterprise.
From Oklahoma, D. A. Myers, Lawton.
From Texas, Bacon Saunders, Ft. Worth.
From Arkansas, E. H. Martin, Hot Springs.

For place of holding next meeting, Hot Springs, Ark.

On motion duly seconded and carried the report of the nominating committee was adopted and each officer named was declared elected.

The president then appointed Drs. Bacon Saunders and W. T. Wootton a committee to conduct the president-elect, Dr. A. L. Blesh, to the chair. Dr. Blesh in a brief address thanked the members for this token of their favor and esteem.

Dr. G. W. Maser moved that we extend to the local profession and all who had in any way assisted in making this meeting such a great success, a hearty vote of thanks. The motion was duly seconded and the president called for a rising vote, which was unanimous.



DR. A. L. BLESH.

The following doctors were declared duly elected to membership in the society:

H. W. Doty, Homestead, Okla.
E. G. Earnheart, Oklahoma City, Okla.
J. S. Fulton, Atoka, Okla.
L. Stansbury, Newalla, Okla.
H. H. Speed, Sayre, Okla.
D. D. McHenry, Oklahoma City, Okla.
D. L. Shumate, Kansas City, Mo.
Julian Field, Enid, Okla.
S. M. Parks, Bartlesville, Okla.
Walter H. Livermore, Chickasha, Okla.
L. M. Westfall, Oklahoma City, Okla.
Frank P. Davis, Enid, Okla.
W. C. Pendergraft, Hollis, Okla.
J. E. Brock, Arkansas City, Kan.
H. O. Leonard, Kansas City, Mo.
Lella Andrews, Oklahoma City, Okla.
Leo J. Ernstberger, Oklahoma City, Okla.
T. F. Renfrow, Billings, Okla.
C. A. Petty, Altamont, Kan.
C. E. Lee, Oklahoma City, Okla.
Albert C. Hirshfield, Norman, Okla.
F. O. Edgar, Gainsville, Tex.
J. S. Hartford, Oklahoma City, Okla.
L. H. Murdock, Okeene, Okla.
S. H. Landrum, Altus, Okla.
F. A. Ball, Wanette, Okla.

On motion meeting adjourned to meet in Hot Springs, Arkansas, in 1912.

FRED H. CLARK, Sec'y-Treas.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX SATURDAY, NOVEMBER 25, 1911. No. 10

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

Entered at the St. Joseph, Mo.. post-office as second-class mail matter.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M. D., Philadelphia.
FRANK P. NORBURY, M D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

PRINCIPLES INVOLVED IN THE OPERATIONS FOR HERNIA.*

ST. ELMO SANDERS, M. D.

KANSAS CITY, MO.

The first principle in an operation for hernia is that of cleanliness. In fact, cleanliness should be observed to an even greater degree than is usual in an operation in the abdominal cavity. Unfortunately a great many hernias are so located about the body that the skin is very unclean from a bacteriological standpoint. The best way to render this skin absolutely clean is, if the case will permit it, to do the scrubbing and cleaning the night before the operation. After the parts are thoroughly scrubbed and shaved, the skin should be allowed to dry, and then a compress of 2 per cent tincture of iodine fixed over the field of operation. The knife as well as the scissors should be very sharp in order that the tissues may not be bruised but cut clean. Likewise, it is important that as little blunt dissection as possible be done, in order that the trauma to the tissue may be minimal.

The buried suture should not be larger than a number two catgut, and should be chromicized so that it will last for twenty days in the tissues. If too large a catgut is used, it is almost impossible to obtain it sufficiently free from bacterial contamination. A smaller catgut than No. 2 will hardly be strong enough unless it is doubled.

The anatomy now demands some consideration. Nature in making the abdominal wall builds it somewhat like an automobile tire. There is a strong fascia or connective tissue with elastic muscle fibres, and then the internal connective tissue, the preperitoneal fascia and peritoneum. This makes a structure that is strong and at the same time elastic, The abdominal wall is subject to various strains, both internal and external. If these strains are applied in one direction, there is a corresponding giving of a portion of the abdominal wall. As soon as this strain is removed, the abdominal wall should go back to its normal condition, and will do so if there is the proper relation of a muscle to the fascia. If for any reason the proper relation of these tissues one to the other is disturbed, the hernia can take place.

If the muscle fibres are so injured, or, as a result of a natural malformation, so placed that there is a little portion left in the abdominal wall where the muscle fibers are deficient, we have a favorable spot for a hernia to take place. For example, in the inguinal region, which is the most common location for a hernia, a little remembering of our anatomy will show us that at the mid-point of Poupart's ligament at the outer border of the internal abdominal ring arching over the spermatic cord to its insertion in the linea alba, are the muscular fibres of the conjoined tendon. These fibers are not attached to Poupart's ligaments from the internal ring to the linea alba. Consequently there is left an elliptical space bounded above by the free edge of the conjoined tendon, below by the upper border of Poupart's ligament, externally by the internal ring, and internally bv the outer border of the rectus abdominus muscle. In this space we find principally the spermatic cord with a portion of its covering. This weak elliptical space is devoid of muscular fibers between the peritoneum and the external fascia, excepting the muscular fibers of the cremaster muscle. However the cremaster muscle affords no strength whatever to this space. In consequence of this elliptical space being free from muscular fibers, there is little or no

Digitized by Google

elasticity to this particular part. Hence when the intra-abdominal pressure is raised from any cause whatever, there is a tendency of the internal viscera to protrude. On account of the absence of muscular fibers this protrusion is not forced back when the intra-abdominal pressure is removed. Each time the intra-abdominal pressure is increased, it pushes the peritoneum farther and farther out through this elliptical space, so that is the time the peritoneum comes to form a veritable sack for the protruding viscus. On account of the presence of the external and internal ring, this hernia, tending to move in the direction of the least resistance, follows the cord down into the scrotum. Likewise when the hernia occurs around the umbilicus, we find it is due to the fact that the muscular fibers are from some reason or other displaced from the normal position and allow a small space to exist where the fascia is not reinforced with the elastic muscular fibers. In hernia the result of abdominal wounds made surgically or otherwise, we find this condition of the muscular fibers between the layers of the peritoneum and fascia.

The great principal underlying the successful operation on a hernia, is first, to remove the sack that has been formed about the hernia, and next to place the buried catgut that it will bring the muscular fibers in between the peritoneum and the fascia. Very few rules can be laid down for the method of placing the stitches in irregular hernias produced by surgical or other traumae, and each case must be considered by itself and the surgeon so manuever as to place the muscular fibers in their proper relation.

In the operation for umbilical hernia, the bringing together of the rectal muscles and so stitching them that they will form this muscular cushion between the peritoneum and the skin will result in a cure provided the umbilical cicatrix is not left protruding up through the muscular fibers like a wedge, to start the trouble anew. Hence, in the operation for umbilical hernia, it is necessary that this wedge of umbilical cicatrix be divided and the muscle fibers be brought directly together between the divided ends of this cicatrix.

In the inguinal hernia the spermatic cord must be taken into consideration in the male, and the round ligament in the female. As neither of these structures can ordinarily be cut, there is a prominent wedge between the muscular fibers to give a new start for a hernia unless especial manipulation is resorted to in order to overcome, to a greater or less extent, this tendency.

We speak of restoring the obliquity of the inguinal canal. It is more or less true that the obliquity of the canal is restored; but in the process of making the canal oblique, we generally render the hole in the muscle through which the spermatic cord or round ligament comes, more or less oblique. Fortunately in this situation the conjoined tendon is rather thick, and shelves in such away that this opening in the muscle can be made oblique. It is my opinion that this obliquity in the opening of the muscle is one of the great factors in the success of this operation. It of course goes without saying that the lower border of the conjoined tendon, which is not attached to Poupart 's ligament, should be sewed to the upper border of Poupart's ligament, and in this way fill with muscular fiber the elliptical space.

I have not spoken of Bassini's operation, nor of McBurney's. nor of Mayo's, nor of any other operation for hernia by name; but have tried to bring your attention to the fact that the mechanical principle involved in all these processes is the insertion of the elastic muscular fibers between the layers of the strong, strength giving fascias. By keeping in mind this principle and thoroughly carrying it into effect, a successful operation can be done for hernia, and not otherwise. The method that one may use to carry this principle into effect is immaterial, so long as the principle is maintained; and yet, even though this mechanical principle is carefully and successfully carried out, success will not attend the operation unless the most extreme cleanliness is at the same time observed.

419 Shukert Bldg.

If She Bought Stamps she would want them delivered. A lady who was collecting autographs once wrote to Lincoln for a sentiment and his autograph, and she got in reply a note that ran: "Dear Madam When you ask from a stranger that which is of interest only to yourself, always inclose a stamp. There's your sentiment, and here's your autograph. A. Lincoln."

Ban on Nostrum Advertising.—In the surface cars of New York City appears the following notice: "Fraudulent misrepresentation of the curative value of nostrums not only operate to defraud passengers, but are a distinct menace to the public health. (President Taft in a recent message.) No patent medicines are advertised in the surface cars of New York City."

Digitized by Google

THE CONSERVATIVE TREATMENT OF PELVIC INFECTIONS.

CARL W. WAHRER, M. D.

FORT MADISON, IA.

It is my intention in this paper to deal only with those phases of pelvic infection in which the need for conservative treatment seems to demand emphasis. Pelvic infections may for clinical purposes be divided into two classes: puerperal and non-puerperal, and we may assume that usually non-puerperal means gonorrheal infection. The difference in the mode and nature of these infections explains the difference in the treatment and results.

The streptococcus, staphylococcus and colon bacillus are most often the infecting organisms in non-puerperal cases.

In this condition the infection travels by way of the lymphatics and the blood stream; the cervix is open, the lymphatics and veins torn and gaping. Infection entering the internal os passes directly through the soft areolar structures of the cervix and into the broad ligament and cellular tissues surrounding the uterus and appendages. Thus we are apt to have a para-metritis deposits of pus and if the infection extends para-salpingitis and para-ovaritis.

Where the infection is a non-puerperal gonorrheal one we have to deal with what is essentially a chronic infection and one that extends in this instance by direct continuity along the mucosa; the infection must traverse the entire length of the uterus along the tubes to the ovaries. There is little or no infection of the cellular tissue surrounding the uterus and appendages but an endometritis salpingitis and perhaps an ovaritis and pelvic peritonitis.

It follows that in gonorrheal infections where important organs are involved and re-infections are frequent there is far less chance of a permanent spontaneous recovery than in puerperal cases.

In puerperal cases a considerable involvement of the peritoneal covering of the uterus and its appendages and pelvic peritoneum may subside, leaving very little pathology in the pelvis, and comparatively few of these cases will require operation from above. The rational treatment of these cases consists in absolute rest in bed, a nutritious easily digested diet, the use of saline enemata and saline cathartics, if needed; the ice coil over the abdomen and cleansing douches.

As a therapeutic agent the douche is worthless and is to be recommended only for the purpose of removing vaginal discharge. Topical applications and tampons are unnecessary and useless.

Operative measures consist in the removal from the uterus of clots and debris and the evacuation of any collections of pus that may bulge into the vagina. As operative measures in puerperal cases have a far higher mortality than in non-puerperal ones, it is fortunate that they so seldom require laparotomy. This operation is never indicated in the acute stage of a puerperal infection unless a general peritonitis has set in when it may be resorted to in order to flush and drain the abdomen. Hysterectomy in these conditions is so dangerous and futile as to be entirely unwarranted. The expectant or medicinal treatment of gonorrheal infections is the same as that of the puerperal cases, but the results are usually different. The tendency toward spontaneous recovery without serious injury to the pelvic organs is less and long periods of involution following recovery from the acute attack, is usually the rule.

For these reasons the non-operative treatment is usually a preparation for surgical interference by the abdominal route.

Nothing is lost and much is gained by waiting in these cases till the acute symptoms have subsided.

The reason is obvious. We have learned that in a short time the inflammatory exudates become practically sterile, and that they are serviceable in limiting and fighting the infection; that their removal during the acute stage does not shorten it, and is attended with considerable mortality. We know that pus tubes do not rupture and discharge their contents into the abdomen, and that waiting is attended by no danger.

Moreover, a surgeon operating before the acute stage has passed is almost sure to remove more than if he had waited. Everything is angry and inflamed and much tissue will be sacrificed that given time might be resorted to a normal condition. It cannot too emphatically be asserted that haste on the part of the surgeon to operate is responsible for the loss of the appendages of many women every year. Vaginal operations are sometimes necessary in gonorrheal cases to relieve the patients of collections of pus that bulge into the vagina, but not for the purpose of removing the appendages. A cure by evacuating the pus is not often obtained, but the procedure is a useful preliminary to a laparotomy if needed later.

Where weeks or months have elapsed

Digitized by Google

after disappearance of acute symptoms, and the health of the patient does not improve satisfactorily, laparotomy should be advised. If the temperature is normal and there is little or no leucocytosis the mortality will be practically nil.

It is not necessary and would be only wearisome to dwell on the technic of an operation so easily and commonly performed as the enucleation of diseased tubes and ovaries. Certain points, however, necessary to the conservative treatment of these cases may be emphasized. First, a thorough curettement and disinfection of the interior of the uterus should be carried out in every case. This is an important procedure if the uterus is to be preserved as it should be if possible.

In removing the diseased tubes the uterine end should be cut out of the horn of the uterus, including a wedge-shaped piece of the uterus and the incision carefully and smoothly closed with catgut. If both the tubes are removed the round ligaments should be shortened by drawing them across the top of the broad ligament and suturing them behind the uterus. Operators who prefer may suspend the uterus by Kelly's method, or adopt one of the many operations devised to hold the uterus up and forward. Many of the bad results obtained, and on account of which some men remove the uterus along with the appendages are due to the uterus falling back after the removal of the tubes.

In women during the child-bearing age every effort should be made to preserve an ovary or a portion of one, which can nearly always be done, and if possible the part or whole of a tube, which is usually more difficult.

In cases where young women are to be operated who greatly desire children, an effort may be made to save even a badly inflamed tube by milking out the pus, dilating the lumen and disinfecting with hydrogen peroxide. Of particular importance in all cases is the preservation of the ovary. The day has happily gone by when ovaries were often removed for dysmenorrhea, and there is a growing tendency to regard cystic degeneration as a physiologic process.

Naturally, the movement toward conservation of the ovaries in infectious cases was slower in arriving, but it seems to be here at last. The reluctance of most surgeons to preserve a portion of the ovary or the uterus in pelvic infections is not as a rule due to a sincere belief on their part that there is risk of infection, or that the organs left behind may give rise to future trouble. The removal of the appendages in toto, or appendages and uterus is a cleaner and simpler job, less trouble, and shortens the operation and involves no particular exercise of judgment. These considerations, rather than the good of the patient, often determine the procedure.

Chipman (Journal Surgery, Obstetrics and Gynecology, July, 1911) says in regard to the conservation of the ovaries: "The importance of this sex organ is I think impossible to over-estimate. In a sense it is the most important in the whole body, though its removal does not mean the loss of life. For not only is it the primary organ concerned in the reproductive cycle, but also regulates and controls the complete attainment of development, growth, and function in the individual herself. Supreme individuality is only attained through its influence, and without this attainment is never reached, and the individual remains imperfect and incomplete. Moreover its continual presence is essential to the maintenance of this individual or sex perfection, and its removal even after maturity is reached leads inevitably to descent or retrogression."

And again: "The loss of the ovaries means the loss of sex influence to the individual with all the grave disturbance in general metabolism which this loss signifies. The earlier in life that it occurs the greater is the calamity."

Those operators who have never tried to save the appendages, not often the uterus, should read the report of Hunter Robb, published in the Journal of Obstetrics, 1907. I quote a part of his report:

"From our experience in this line of work (inflammation of tubes and ovaries) we have been able to convince ourselves of the great advantage that may be obtained by preserving as much as possible the integrity of the pelvic organs. In a few cases a second operation may be necessary for permanent relief. If an ovary or a portion of an ovary can be saved before or during the menopause we have found that not only the immediate convalesence, but also the subsequent condition of the patient is in every way more satisfactory."

In an analysis of cases which follows he says that in 419 cases 572 ovaries were saved and 214 tubes—one and one third and one-half on the average for each case.

Occasionally there are cases in which the adhesions are so firm and extensive that it is impossible to cover the raw surfaces left by their separation. In these cases it is sometimes best to remove the uterus in order to take advantage of the large perito-

Digitized by Google

neal flaps left by this operation, to cover the raw areas I believe this condition should offer the only excuse for the removal of the uterus for pyosalpinx.

The surgeon who conscientiously endeavors to preserve as far as possible the integrity of the pelvic organs will find himself as well as his patients, rewarded by his efforts. For it follows that more skill, better judgment and a nicer surgical sense is required, and will necessarily be developed by conservative work, than is possible to those operators who practice the routine removal of the entire pelvic organs.

TRANSMISSION.

D. L. FIELD, M. D.

JEFFERSONVILLE, IND.

There is no doubt that diseases are transmitted from parent to offspring, the germ-cell resulting from the union of the spermatozoon with the germinal vesicle (which is the primary germ-cell according to Hoblin's definition), which is in a deteriorated condition, in other words, unhealthy, which would cause a feeble, or vitiated embryo. When such is developed into an adult human being it retains this impure, unhealthy condition. How can disease be transmitted, and why should not it be through impure, contaminated blood?

Gross says: "The blood, considered as a mass, may be variously affected in its several constituents. All such changes, whatever they may be, should be carefully studied, as they correspond with so many morbid states of the system." He further says: "Aside from the ordinary mode, the contagion of syphilis may be communicated by kissing, or smoking; by contact with utensils, such as spoons, knives, and drinking cups, and, in the child, at the breast of an infected mother or nurse." He said, "during fifteen years, numerous cases of syphilis were reported through vaccination; and that all syphiliographers are agreed respecting the infectious character of the blood of syphilitic persons." That this is true is concluded from the fact that semen of an infected person is a direct secretion from this fluid.

This same thing is true, therefore, that the germs of tuberculosis are transmitted from parent to offspring, and while some assert that one only inherits a constitution predisposing to tuberculosis; yet without inheriting the germs of the disease! It is a distinction without a difference; and facts prove that the germs of the disease are transmitted, as whole families have been carried off with this disease, who were never placed in contact with the bacilli of tuberculosis. It was transmitted through the blood of parents, or often grandparents —skipping a generation!

When we understand that disease is transmissible from parent to child; or as some have it, the tendency, it is easy to see how such misfortunes as pauperism, crime, insanity, idiocy, and intemperance may be transmitted. They are the result of physical and moral degeneration.

That consumption is hereditary is admitted by all investigators of physiologic law. Morel asserted that "the insane are of a deteriorated constitution, suffering from a long line of herediary degeneracy." Maudsley says: "Hereditary insanity is found in from one-half to three-fourths of the cases;" and similar statements are made by many others who have observed the cases. It is generally recognized that the propensity to indulge in alcoholic intemperance is transmitted. A chief-justice once said that "the proclivity to theft, intemperance, lying, cheating, and almost all other vices, is as transmissible as gout, consumption, deafness, blindness, and almost all other constitutional diseases." "Criminals by the hand of nature, are marked, quoted and signed, to do a deed of shame."

If men are born to be liars, cheats, thieves, and murderers, as they are to be consumptives, and idiots—and any scientific investigation of the subject inevitably leads to this conclusion— moralists have been trying to solve the problem of the prevention of vice by a wrong method; and the doctrine of the transmission of moral and physical degeneracy, has been proven by the failure of all moral teachings; the prayers of Christians for ages; temperance crusades; and all other machinery put in motion to reform the world. The world must understand that all mental, moral, and physical diseases, are only to be prevented by seeing to it that men are born to an inheritance of healthy physical organization! Science tells us that many of these diseases cannot be cured, and all the history of the past proves the statement true. Instead of attributing to Providence the dispensation of these physical and mental attributes, which are so miserably bad; they should know the physiological law that sound lungs, sound minds, and sound constitutions, are transmitted from parents of such sound condition.

Matrimonial alliances ought not to be allowed to be made by consumptives, syphilitics and persons with physical infirmities,

Digitized by Google

any more than an alliance between feeble-minded persons!

Indiana has such a law to limit marriage to only those who may transmit sound minds and sound bodies, but it is not properly enforced.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER XIII.

In our days of sanitation and antiseptic precautions we can have but slight conception of the fearful ravages of the ancient plague. Cullen defines this pestilence as a typhus fever, in the highest degree contagious, and accompanied with extreme debility. In fact it was of such virulence that people dropped dead in the streets, whole towns and cities were depopulated, and even physicians, rare instances in medical history, deserted their post and fled from duty. For we read that Galen fled from Rome and Sydenham forsook London during the prevalence of the plague.

To the prevalence of such pestilence, however, we owe much if not all our present knowledge and effective means of prevention of pestilence and the sanitary safeguarding of the community. One by one patient and heroic investigators seized upon facts bearing upon the cause or prevention of the plague and these links have been welded into the chain of antiseptic safeguards with which pestilence has been fettered.

From its prevalence and character other, sometimes whimsical, suggestions have been evolved and seriously considered as advisable and practical.

Euthanasia, seriously and zealously advocated of late, was suggested as advisable by no less a person than Napoleon. When the plague raged at Jaffa in 1799, and was depleting the French army of occupation, in Syria, the general-in-chief determined to forestall the inevitable death of the incurable plague patients, by artificially procured death.

Napoleon himself remarked that he did not believe that this would have been a crime. To give opium to the plague stricken sufferers would be to obey the voice of reason. "Who is the man," said he, "who would not prefer immediate death, to the horror of living exposed to being frightfully tortured by the barbarians?" He declared that he would do the same to his own son were he so situated and he himself would ask that it be done to himself. And Bourriene, referring to the sad and long deliberation upon limiting the life of these unfortunates, said, that after the most conscientious consideration it was decided to give a lethal potion to lessen the pain and anguish of a slower death.

Desgenettes, Napoleon's physician-in-chief to the army, had the courage to reject and oppose this counsel, and with him we many consider whether under any circumstances a medical man is justified in using his knowledge to shorten human life.

Somtimes a patient, wearied with mental suffering and worn out with bodily pains, becoming a burden to all around him, will entreat the physician to hasten his end; his friends and relatives will join in the request believing that it would be an actual deed of mercy and charity to bring about artificially induced death. Such conditions are not only occurrences in the experience of every physician, but they are matters of history. Mirabeau, for instance, earnestly besought his physician to give him opium, and upbraided him for his refusal.

There can be but one answer to such a request—a positive refusal even to consider its advisability. Conscience will not allow hesitation. For it is the duty of every physician to prolong life, not to cut it short; justification by judgment is not an argument in its favor since it is a question not to be argued.

As Simon has said, "Man is not master of his own life, and cannot confer on his physician the right he has not himself;" nor can the physician assume such a responsibility by special right; he is a healer of men, not an arbitrator of fate, or a dispenser of questionable boons.

By the oath of Hippocrates the fathers and early sons of medicine solemnly vowed, "no inducements shall ever lead me to administer poison, and my sole end shall be to relieve and cure my patients, and to render myself worthy of their confidence."

Sympathy and sentiment may ask the boon but sober reason, cold perhaps in its dictates, shows that irremediable evil alone may result. One day more of repentance and love may redeem a whole life and make or mend the happiness of the survivors.

Dr. Mackness relates a case which may be taken as illustrative of one phase of the conditions militating against euthanasia. A wealthy octogenarian unable to take

Digitized by Google

nourishment in the usual way, had his life prolonged for a fortnight by nutritive enemata. During this period he was persuaded to alter his will, and to do tardy justice to a faithful partner, for whom he had previously provided.

In far less time reconciliation may be made, misunderstandings cleared away, last words exchanged which may mean "all the world" to those who hear them. And such is the perversity of events that an heir-expectant might, perchance, die ere the inheritance fell to him, and thus the whole course of the inheritance diverted.

Above all is the commandment, "thou shalt not kill" which so long as we believe in divinity which rules our ends must deter us from the act and defer argument in its favor.

The Western Surgical Association will hold its annual meeting in Kansas City, December 18, 19, under the presidency of Dr. Amos W. Abbott, of Minneapolis. Dr. Arthur T. Mann, the secretary, announces that the program, which is a good one, will be issued in a few days. Dr. Jabez N. Jackson, is chairman of the local arrangement committee. The sessions will be held at the Baltimore Hotel.

Scarcity of Milk in Paris.—For some time Paris has been suffering from a scarcity of milk, which tends to become chronic, since the demand for milk in Paris amounts to 1,100,000 quarts per day, and no more than 900,000 quarts are received. It is in vain that the large milk companies have trebled the extent of territory from which they draw milk, and today go as far as 180 miles (300 kilometers) to obtain what they formerly obtained at 60 miles at the maximum. This insufficiency of production is due to three principal causes: the drought which has dried up the pastures; foot and mouth disease, which has decreased the herds, and the higher prices and smaller numbers of the dairy employees. Although the situation is not alarming for the hospitals, milk being furnished for the Public Charities by contract, it is rather disturbing for the general population. The prefect of police has accordingly interviewed the presidents of the dairy companies. Measures have been taken so that infants, sick persons and the aged shall not feel the effect of price. In all the dairies a notice has been posted requesting persons having young children or sick persons or old persons in the family to indicate the quantity of milk which is necessary for them in order that it may be reserved each day.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Annual Election of the St. Louis Medical Society.

At about the time this number of the Fortnightly reaches our readers the St. Louis Medical Society will have again decided who are to be its officers for a new year. Contrary to our prediction in the last issue the nominating ballot contained several surprises and the contest is developing into one of more than usual interest. The nominees for the presidency, secretaryship, council and delegates are without exception good and able men, and it would be a pleasure to support any combination which could be made from the list. It is satisfying to see new names on the list; no organization can permanently succeed which does not see to a steady infusion of new blood into its councils. It is also satisfying to see the continuance of names of tried workers and the reappearance of some who have been temporarily retired. The ticket makes possible the overturning of one or two precedents in the society, and we are quite of the mind that such a change would be for the society's good. We are far from believing that any office should be held continuously held by any one man until he comes to believe that he holds a life tenure, but we are more emphatically opposed to the idea that an office should be closed to a man because he has once filled it. It is now some years since any man has been re-elected president of the society, and the fact has caused a precedent that such an ambition is somewhat irregular on the part of a man or his friends; this condition does not take into account exceptional ability as a presiding officer or contingencies in affairs which may make it of great value to the society to again call for service in this capacity, and it seems wise to a considerable number that an effort be made to change it. But this attitude does not mean that there is the slightest antagonism to other names on the ticket, it simply means a friendly opposition along a line which some deem for the good of

Digitized by Google

the society. Whatever ticket is elected enthusiastic support is certain for the officers installed.

Hospital Commissioner Shutt.

Some days since the Mayor and the St. Louis Hospital Board got together on the matter of a Hospital Commissioner, they selecting Dr. Cleveland H. Shutt. Dr. Shutt's appointment is meeting with general approval, and his administration promises general satisfaction. No one mentioned in connection with this position is better fitted by training and along educational lines for it than is Commissioner Shutt, and his personal qualities are so entirely those of a gentleman that it is safe to perdict for him a scientific, reasonable, humane regime. We believe that he will avoid friction wherever that is possible and that he will evidence those diplomatic characteristics which make for harmony. The Hospital Commissioner is far from the whole thing, however, and it has already been fully demonstrated that an able man may find his pathway beset with difficulties when serving in that capacity; there is a mayor, a hospital board and the press to reckon with. Either an over-assertiveness or a lack of initiative is bound to breed trouble with the first two; any effort to restrain the latter in its search for the gruesome or sensational will bring condemnation from the latter. And all the time the medical profession stands by, ever more ready with criticism than with commendation.

But we have a great confidence in the ability and wisdom of Dr. Shutt, and we predict his success as Hospital Commissioner, and that in so far as responsibility lies in him the hospital situation will speedily cease to be one deserving adverse criticism. We are far from convinced that the occasion for criticism has ever been justly attributable to a commissioner, but the situation has been so presented that it has been made to appear that all would be peace and harmony but for him. Much that has been said has been such as to make one out-of-the-know feel that but for the one man all would be peace and harmony, patients well fed and cared for, attendants sufficiently numerous and well content, everything working like clock work and to good purpose; we will not be at all surprised or discouraged if this fails of accomplishment under the new commissioner for weeks, months, years. But we are satisfied that his endeavor will be strongly in the proper direction and that his constant aim will be to make the St. Louis Municipal Hospitals second to none in the world. If not hindered at every turn, with a proper co-operation from those sources on which he should be able to depend, Dr. Shutt will do great things.

Death of Dr. H. C. Dalton.

The death of Dr. H. C. Dalton, which occurred on Thursday, November 3d, following an operation for gangrenous appendicitis and from uremia, came to the medical and lay friends of the deceased as a great shock. Funeral services were held the following Sunday, the medical profession having charge from the residence to the Scruggs Memorial Church, at which place West Gate Lodge, A. F. & A. M., of which the doctor was a member, conducted the service. The following brief life story of Dr. Dalton was contributed to the Bulletin of the St. Louis Medical Society by Dr. E. A. Babler who was some years associated with him in surgical work:

"Henry Clay Dalton was the son of Dr. Robert H. and Jane Dalton. He was born in Mississippi, and when quite young expressed a desire to study medicine. He graduated from the University of Alabama, and also from the Missouri Medical College. He served as interne in the St. Louis City Hospital where he demonstrated his abilities as a diagnostician. In 1875 Dr. Dalton married Miss Alice Cravens of Neosho, Mo., at which place he began the practice of medicine. In 1885 he removed to St. Louis, and one year later assisted by his true friend, Dr. Young H. Bond, he secured the appointment of superintendent and surgeon-in-charge of the St. Louis City Hospital. During his incumbency of six years, he gained a national reputation as an abdominal surgeon. He was the first surgeon in the world to successfully operate on a stab wound of the liver. Dr. Dalton's method of treating gunshot and stab wounds of the liver is in vogue at the present time, although few medical men know that the credit belongs to our late friend.

"Following his retirement from the City Hospital, Dr. Dalton was appointed Professor of Abdominal Surgery in the Marion-Sims College of Medicine. He held this appointment for many years.

"Dr. Dalton was a frequent contributor to medical literature. His writings were abstracted in all the leading medical journals throughout the world. He always

Digitized by Google

gave others the benefit of his education and experience.

"He was a man who always carried a smile, a kind word, and a cordial handshake. He scattered sunshine all along the way. As a friend, Dr. Dalton filled the measure to overflowing. He was never found wanting. He was always trying to do something for his friends. He was especially the friend of the young man —the man who was trying to accomplish something.

"Dr. Dalton was a man of firm convictions, and did not permit trifles to influence his will. He was prominent in medical circles, a member of the St. Louis Medical Society, American Medical Association, Missouri State Medical Society, and Alumni of the St. Louis City Hospital.

"He is survived by two sons, Hunter C. and Joseph C. Dalton, and one daughter, Mrs. Edward Hodgkins of Spokane, Wash., and two brothers, H. H. Dalton of 3620 Washington boulevard, Dr. W. R. Dalton of Seattle, Wash., and two sisters, Mrs. Alexander Smith of Tacoma, Wash., and Mrs. M. L. Broadnox of London, England."

Medical Nomenclature.

There are few medical men of thorough education who do not recognize the fact that our medical nomenclature is atrociously faulty, but we all recognize the fact that the numerous faults are so firmly established as to be most difficult to remedy. No one man has worked with greater earnestness in an endeavor to correct our nomenclature than has Dr. Achilles Rose, of New York. Dr. Rose objects to hybrid terms and to words wrongly derived and developed, and quite justly, by rights we should all be with him. It is a surprising thing that men who would resent the suggestion of inaccuracies in their English will go through life using bastard Latin and Greek and doing it deliberately. But we must confess that while we are theoretically of Dr. Rose's mind we have only lately been impressed with the enormousness of the undertaking which would be meant by an effort toward reformation. What it means is best shown by a list of terms which he has enclosed in a recent communication which has been taken from the Bellevue Hospital nomenclature. In this list, which follows, the term suggested by Dr. Rose is given immediately after that for which he thinks it should be substituted:

Acidosis, oxytosis or oxytetosis; acne, acmae; acromegaly, megalacria; appendicitis, perityphilitis; bursitis, balantionitis (from balanation, the purse); cellulitis, cyttaritis; chlorosis, chloriasis; cholelithiasis, chololithiasis; cholecystitis, cholocystitis; conjunctivitis, epipephycitis; diverticulitis, aneurismus, duodenitis, dodecadactylitis; dwarfism, nanotism; folliculitis, thylactis (from thylakion); furunculosis, dothienitis or dothienosis (from dothien, a furuncle); gastroptosis, gastroptosia; hemoglobinuria, hemospherinuria; lymphangiectasis, the preposition should not stand in the middle of a word; lymphango-ectasis.; mammitis, mastitis; oophoritis (a ridiculous word, meaning affection of an oviparous animal), oothecitis; psychosis (really meaning animation or infatuation), phrenitis; tuberculosis, phymatiasis; typhoid fever, abdominal typhus; typhus fever, exanthematic or petechial typhus; vaginismus, colpospasmus; vulvitis, aedoeitis.

We have not the slightest dobut that Dr. Rose is right in every point, but what a collossal task he has undertaken in trying to get the profession generally to see it and to enter into the spirit of the reformation! We so easily say and think furunculosis, "dothienitis" may be it, but we will still think furunculosis. If the lexicographers would but begin the reform we might gradually get into it without realizing it, but taken right off the bat it looks almost impossible even though it is right.

Committees Appointed for the A. M. A.—Dr. J. B. Murphy, president of the American Medical Association, has appointed the following to serve on National committees: Committee on establishment of physicians' sanitarium, Drs. Edw. Jackson and Alex. C. Magruder; committee to investigate the advisability of publishing a small medical journal, Dr. George A. Moleen; committee to Conservation Congress, Dr. Hubert Work.

Death of Prof. Fraenkel.—Prof. Bernhard Fraenkel, the noted throat specialist, died November 13th. For many years he has been prominent in the crusade against tuberculosis and has been a figure in the international anti-tuberculosis congresses. He will be remembered by Americans as the laryngologist who was consulted by Col. Roosevelt in May, 1910, regarding a persistent throat affection which had annoyed the American ex-President during his European tour.

Digitized by Google

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly department Staff.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Chronic Interstitial Nephritis.—E. F. Wells, Chicago (Jour. A.M.A., Oct. 7), says that during the past ten years in which he has studied the subject of chronic interstitial nephritis, he has accumulated a sufficient array of facts to warrant the deduction that in this disease the kidneys are seldom anatomically or functionally altered to such degree as to preclude the moderate regular excretion of water, urea, chlorids and other of the measurable constituents of the urine, or to prevent it on occasion from showing evidence of correspondingly increased functional activity, which may with properity be termed reserve renal capacity. This, he says, is an important fact of diagnostic, prognostic and therapeutic value. As a foundation for any dietetic directions there should be a fairly accurate determination of the chlorid excretory capacity of the kidneys, and the greatest interest in the subject lies in estimating comparatively and absolutely the excretory capacity of the kidneys for those nitrogenous substances resulting from proteid metabolism, of which urea is the chief and best known. He describes his method of investigation. The daily urine is examined closely and recorded and charted every day during seven consecutive periods of three days each and the urea excretion computed. During the first of these three-day periods the ordinary diet is kept up. During the second, evacuants are added. In the third, the diet is a restricted one, confined to water, cream and soups and gruels, all in small quantities, with physical rest. During periods 4, 5, 6 and 7 a full carbohydrate diet, plus gradually increasing amounts of lean meat, is given. During the first three periods there is a gradual but marked reduction of the already low urea output which increases again rapidly under the subsequent fuller diet, the increase representing reserve renal capacity. With this there is a constant steady improvement in the general condition. It is a fair inference, he says, that if known, the output of the urea can be by these simple measures and with safety be stimulated in this way. It will show that the anatomic alterations and physiologic capacity are such as to eliminate urea, chlorids, phosphates, sulphates, etc., with reasonable safety. The great danger to these chronic interstitial nephritics must then lie in the failure of the kidneys to eliminate other toxic substances of a nature that has thus far defied analysis. Nevertheless, he is of the opinion, from his observations, that those cases in which there can be demonstrated regularly a fair or large reserve renal capacity have the best chance for long life and physical and mental capacity and usefulness. Notwithstanding its inadequacy to meet all the needs, he thinks his method gives practical data for the management of these cases.

Some Errors in the Treatment of Diabetes.—Homer Wakefield, New York (Med. Rec., Sept. 16,) states that errors in the treatment of diabetes are frequently due to a faulty conception of the conditions present. Prophylaxis and neutralization of the acidity present are not undertaken. Gastrointestinal fermentation is not treated, excessive ingestion of acid and acid forming foods is not prohibited, and tetanoid states of peripheral tissues causing development of sarcolactic and betaoxybutyric acids are not considered. Administration of neutralizing alkalies should be carried just far enough to keep up a daily slight alkalinity of the urine. Bicarbonate of soda should be given in hot water on rising and between meals, never after them. Syrups, sweetened foods, sugar, malt foods and malt beverages should be prohibited, because they produce acids. Diastatic ferments should never be given. The diabetic should get the carbohydrates that contain the least sugar, and are most rudimentary and concentrated; the vegetables should be those that contain most cellulose and other excrementitious matters. In diabetes there is a sluggish state of metabolism; oxygenation must be improved and for this purpose exercise is important. Each case must be individualized and the mental condition must be treated. In order that the treatment may be successful, the intelligent co-operation of the patient must be gained.

Chronic Relapsing Gonorrhea and Its Cure.—Chronic gonorrhea assumes two forms, says C. M. Whitney, Boston (Interstate Medical Journal November): the chronic continuous and the chronic relapsing; the former is a perfectly obvious condition the latter is most deceptive because it can exist without discharge without shreds or any other frank objective sign. Yet in these latter cases with no apparent reason the discharge returns in an acute form perhaps years after the initial infection. For the cure of this condition says

Digitized by Google

Whitney an accurate diagnosis is necessary. A careful history must be taken especially as to the existence of complications with the acute attack and a thorough physical examination including the use of the urethroscope is demanded. The treatment must be varied to meet the various conditions presenting themselves. The difficulty comes in saying when the disease is cured. Only after persistent and repeated examinations by injections of silver nitrate the use of the Kollmann dilator sounds alcohol massage and culture can we assure the patient that he is well.

Prostatic Surgery.—L. B. Wilson and B. F. McGrath, Rochester, Minn. (Jour. A. M. A., Nov. 11), describe in detail the anatomy and physiology of the prostate gland and also its infections. They give the results of a study of 468 cases, seven of which were tuberculous. They question the probability of this being hereditary, though it has been suggested. It occurs mostly in young adults and it may be the only organ of the body secondarily infected. The ordinary picture of acute prostatitis in the text-books they say is misleading, as it gives the symptoms of the severe parenchymatous form, whereas both the lighter forms, the catarrhal and the follicular, are much more frequent. Gonorrhea is the most common cause of all the forms. As regards hypertrophy all of their patients were over 50 years of age and the majority over 60. In more than half their cases there was definite evidence of prior chronic inflammation, thus agreeing with Albarran's views. The greater part of the bladder troubles of old people are due more to exacerbations of chronic prostatitis than to hypertrophy. They describe the stages as observed in hypertrophy in their cases without offering special suggestions as to its origin. Atrophy of the organ has multiple and quite different causes. As regards changes subsequent to castration we must distinguish between those before and after puberty. In the former case there is an inhibition of growth not an atrophy. It is doubtful they think whether true atrophy ever results after castration in existing hypertrophy, though it can occur after operations. Associated with exhausting diseases it is found in connection with atrophy of all the body structures. Stricture is a common cause of mechanical atrophy of the organ, caused by the pressure of the stagnating urine. Senile atrophy is to be considered as prostatic atrophy in the narrower sense, since it can occur in advanced age without any cause as yet determined. The prostate may become apparently completely destroyed in suppurative conditions from gonorrhea, tuberculosis, etc., but Frisch considers it incorrect to call this condition atrophy. Concretions are not so uncommon and are most numerous in the aged. They may set up no symptoms or may cause chronic inflammation and suppuration. In conclusion, the authors discuss the malignant growths in the prostate which occurred in seventy-nine of their cases. They think such growths are those most likely to escape observation, though usually one can be moderately certain by gross inspection. It has been their custom to make frozen sections and have them examined during the operations. Their object in this rather extensive study of the subject has been to stimulate interest on the part of physicians, many of whom seem to be almost or quite neglectful of its existence.

DIAGNOSIS

Tuberculin Test.— So much has been written about the use of tuberculin for diagnosis since the appearance of the cutaneous and ophthalmic tests with this substance that the busy practitioner of medicine has been overwhelmed with the arguments for and against each method and its reliability. A sober statement of facts, as observed by a man commanding a great deal of material, is, therefore, welcome, and such a statement is given by Lawrason Brown, in the October number of the American Journal of the Medical Sciences. Brown considers the specificity, the danger, and the accuracy of tuberculin tests. The specificity of the test is practically absolute. Among laboratory animals only those which are tuberculous react to tuberculin; healthy human beings, babies, for example, having no tuberculous inheritance, fail to react to large doses of tuberculin; among the sick only lepers show a tendency to react to this toxin, but even in this case the reaction differs in character from that observed among the tuberculous.

Danger in the use of tuberculin is present in the employment of the ophthalmic tests, several unfortunate accidents having been reported; the danger, however, is diminished by excluding all patients from the test who have ever had any trouble with their eyes. The cutaneous test has very rarely given rise to a lymphangitis or a

Digitized by Google

lymphademitis; in the overwhelming number of cases, however, it has proven a safe method. The subcutaneous test, demanding a general reaction, has frequently resulted in a prolonged and severe malaise; it has often brought on increase in the physical signs of the affection; it has been blamed for the "activation" of the disease even to the extent of resulting in the appearance of tubercle bacilli in the sputum, an accusation which Brown is very loth to accept.

Of great importance is the discussion of the accuracy of tuberculin tests. The cutaneous test is most valuable in early life before the age of seven or eight years; after that, a positive reaction is of little meaning, for it fails to distinguish between tuberculous infection per se and clinical tuberculosis. Brown's conclusion with reference to the ophthalmic test is as follows: In any individual patient, if he react to one drop of a 1 per cent or of a 5 per cent solution of old tuberculin given in different eyes, he is more likely to have clinical tuberculosis than if he reacted only to the cutaneous test. The intracutaneous method still remains, perhaps, the most accurate test of the three. Negative skin reaction does not exclude tuberculous infection or even clinical tuberculosis, while failure to react to 10 mg. of old tuberculin, given subcutaneously, probably means, according to Brown, that treatment is unnecessary.

It is seen, thus, that tests with tuberculin have practically no such absolute values as have been claimed for them by many enthusiasts. Often enough, they only add confusion to the clinical data which, after all, must be used as criteria for action. As Brown concludes, no modifications of the tuberculin test "differentiate clearly clinical tuberculosis that demands vigorous treatment, from non-clinical tuberculosis, that requires only a God-fearing life."—Ed. Med. Record.

Syphilis of the Liver.—Eshleman in the New Orleans Medical and Surgical Journal, October, 1911, states that syphilitic disease of the liver is more common than is generally supposed. Syphilis of the liver appears about the same time as gummata in the bones, skin mucous membranes and meninges; in general, therefore, it is encountered several years after infection. While jaundice, fever, and enlarged liver have been associated with secondary skin eruptions, and even acute yellow atrophy has been considered a secondary syphilitic toxemia, these conditions are exceptions and hepatic syphilis is oftenest seen four to fifteen or twenty years after infection. The clinical picture of syphilis of the liver is protean. A large, circumscribed gumma, with pulpy contents, may simulate an abscess, especially if there is fever. A number of smaller, but hard growths on the surface, with great enlargement of the liver, would strongly indicate cancer. The scarred botryoid liver also simulates cancer. The diffuse syphilitic cirrhosis, without palpable gummatous nodules, simulates either the hypertrophic cirrhosis of Hanot, or, if recurring ascites and other signs of portal obstruction are present, the condition is hard to differentiate from the first stage of ordinary alcoholic cirrhosis when the liver is enlarged. In conclusion he emphasizes several points upon which Osler has laid stress: 1. Frequency 2. The tumor formations in connection with it. 3. Its curability in many cases. 4. The importance of differentiating the diffuse syphilitic cirrhosis from the alcoholic form, so that proper treatment may be instituted. —Am. Jour. of Dermatology.

Uncinariasis.—Captain Nichols (Medical Record) of the Army Medical Corps, writes a valuable paper on uncinariasis. Three conditions are necessary for the spread of hookworm disease: (1) A temperature of 68 degrees to 90 degrees Fahrenheit; (2) A certain degree of moisture; and (3) fecal contamination of the ground. These conditions are found only in tropical or sub-tropical regions. In Porto Rico, 90 per cent of the rural population were infected and at least 50 per cent had severe anemia. Of 4,500 cases of anemia, only six were due to other causes than the hookworm. The parasites in these cases numbered hundreds and thousands. In Porto Rico, therefore, hookworm disease is a serious matter, and much may be expected from prophylaxis and treatment aimed at the infection. In the Philippines uncinariasis is of comparatively little importance. While a number of Filipinos carry the parasite, genuine cases of the disease are not numerous. In our Southern states the condition is an intermediate one. There is a difference between hookworm infection and hookworm disease, and the difference hinges on the number of parasites. A person may harbor a few hookworms and ova without knowing it or showing it, but if he harbors many (fifty or more) he will have anemia and other symptoms. From the standpoint of preventive medicine light infections must be reckoned with, but from the standpoint of treatment of the individual they are practically negligible. This distinction

Digitized by Google

has been often lost sight of and enthusiasm for a new idea has in many instances outrun sound clinical conclusions. Physicians have been prone to ascribe to the hookworm damage which either does not exist or is due to other causes. Even eggs are found in the stools, one should make sure from blood examination, count of parasites or improvement of symptoms after treatment that the real trouble is uncinariasis before closing the case.

Stomach Erosions.—N. W. Jones, Portland, Ore. (Jour. A. M. A., Oct. 14), describes the condition of hemorrhagic erosion of the stomach, and says there are two points that are of clinical importance and present fairly definite clinical pictures. These are the so called simple erosion of Dieulafoy and the chronic and recurring type of erosion known as Einhorn's disease. Of the first he does not care to speak, except to emphasize the need of a better recognition of the condition and the employment of rational medical treatment. It is now, he thinks, agreed among surgeons, as well as by physicians, that acute bleeding from the stomach is best handled medically and not by surgery. In one case observed by himself, surgery, he thinks, hastened death. According to Einhorn, the disease described by him in 1894 is a chronic condition characterized by diffuse stomach pain coming on shortly after eating, and is not influenced by pressure vomiting or taking food; by a sense of great weakness, by a rather rapid loss of weight, and pathognomonically by the repeated presence of two to four erosions in the wash water from the fasting stomach. Jones reports a case which came to autopsy with microscopic findings after death from examinations by Dr. Roberg of the medical department of the university. From this examination he holds that the absence of proliferation of the connective tissue elements, the engorgement of the superficial capillaries, and the manner in which the gland-cells are destroyed, the condition was sharply differentiated from ordinary chronic gastritis. He thinks it would be well to retain this clinical grouping of hemorrhagic erosions and consider them, clinically speaking, as disease entities for the sake of defining their relation to other types of gastric hemorrhage. Simple erosion of Dieulafoy probably possesses a manifold etiology; whether the same is true of Einhorn's disease will have to be determined by further autopsy findings. From the similiarity between this case and one previously reported, in which erosions had also been examined by Dr. Roberg, it is probable that the pathology of others will be found to be the same. In conclusion, he gives a table of 600 cases of various disorders and the relations to them of gastric erosions.

SURGERY

Decapsulation of the Kidney in the Treatment of Chronic Bright's Disease.—James Tyson, Philadelphia, Pa. (Med. Rec., July 8), presents the histories of four cases in which decapsulation of the kidneys was done for the cure of Bright's disease, with excellent results as far as the improvement of health and the ability to work was concerned. In none of them did the albumin entirely disappear. These results are not as good as those claimed by Edebohls, who reports fourteen ideal cures out of seventy-two cases operated upon. The author claims that this operation is so serviceable that it should be done more frequently. It is demanded by stubborn presistence of symptoms which cause inconvenience or danger to life, such as dropsy, uremia, anuria, and excessive albuminuria. The operation should not be considered until medical treatment has failed. Obstinate hematuria, perinephritis with miliary abcesses, hydronephrosis, and pyonephrosis all justify the operation. It is contraindicated by age, valvular heart disease, extensive cardiovascular changes, retinitis albuminurica, etc. The cause of the improvement after operation has been claimed to be due to relief of congestion and the formation of new vascular connections after the removal of the capsule, and before the formation of the new capsule which is soon formed. The immediate benefit is ascribed by Edebohls to the massage of the kidney which is produced during the handling of the kidney at operation. The cases most favorable for the operation are chronic parenchymatous nephritis, according to the author, and interstitial nephritis according to Edebohls.

Gall-Bladder Surgery.—E. M. Stanton, Schenectady, N.Y. (Jour. A.M.A., August 5), gives a critical analysis of 350 operative gall-bladder cases, largely derived from material furnished by Dr. A. J. Ochsner with a number of whose former patients he has also corresponded. In all cases where the benefits derived from the operation have

Digitized by Google

not been unquestionable the result is stated as unimproved. In 245 cases where gall-stones were found, 79 per cent report themselves entirely cured by the operation, and 6 per cent consider themselves well though still suffering from minor discomforts. This gives 85 per cent good results. Twenty-one, or 9 per cent, are classed as improved, and 15, or 6 per cent, as doubtful. A still more elaborate classification of these gall stone cases is also made and the results summed up according to the separate conditions. The cases of failure are considered as largely due to stones possibly overlooked, imperfect drainage, pelvic complications, crippling adhesions, etc. Postoperative hernias are complained of by seven patients, but in only three did they cause special discomfort. Some patients complain of symptoms which would indicate recurrence of stones in about 1 per cent of the cases. Of ninety-nine cases considered as cholecystitis without stones at time of operation, 46 per cent may be classified as cured, 10 per cent as satisfactorily improved, 23 per cent simply as improved, and nineteen as not benefited or made worse by the operation. In six cases the only operative interference was loosening of adhesions between gall-bladder and intestine which might kink the gall-bladder or ducts. Five of these patients report themselves as cured and the uncured patient is an example of a severe grade of enteroptosis. Stanton has not been able to trace any patients with malignant tumors that made a permanent recovery. His conclusions are given as follows: "1. In the hands of those qualified to undertake the work, the operative treatment of gall-stone disease is one of the most satisfactory branches of surgery, and the cures may be safely estimated at over 80 per cent, while the majority of the remainder are so much benefited as to justify the operation. 2. The most favorable cases in all respects are those in which the stones are still confined to the gall-bladder. The operative mortality in these uncomplicated cases is almost nil, and the proven end-results are practically all that could be desired. These two facts in themselves should enable us to settle any question as to the proper time for operation. 3. The most important principle of gall-stone surgery is the complete removal of the stones, with the least possible damage to the biliary tract. Overlooked stones are probably the most important simple cause of uncured patients. 4. If, as a result of the operation, all obstructions within the biliary tract are removed, a cure is almost certain to result. 5. No evidence has been found in this series of cases to show that cholecystectomy should ever be the operation of choice in gall-stone cases, unless there be chronic cystic duct obstruction or a gall-bladder so diseased as to make a cholecystectomy technically safer and easier to perform than a cholecystostomy. 6. Every effort should be made to guard against postoperative hernia. 7. A guarded prognosis should be given in cases complicated by pelvic lesions. 8. In our series, cases of cholecystitis without stones have not shown better results than could probably have been attained by medical means, and unless better results are attained in this class of cases in the future surgeons should learn to avoid them."

Wound Closing Devices.—E. Wyllys Andrews, Chicago (Jour. A.M.A., August 19), speaks of the disadvantages of prolonging the time of the anesthesia in the suturing of wounds. If, with equal security and asepsis, wounds can be brought together in a shorter time the safety of the patient would be further insured. The use of the Michel skin clips will shorten the time of a herniotomy or an appendectomy about five minutes. If we could only use them for all layers sixty seconds would be ample for deliberate layer-by-layer closure of the abdominal wall. To make this possible he has devised clips of absorbable metal for buried sutures and closing blood-vessels. For a number of years also he has been trying to perfect a sewing machine for wounds, but, in spite of the fact that several small hand and toy machines are small enough, none of them can be brought to work in cavities or be sterilized easily, and he therefore has given them up. After some years of experimenting he has turned to forceps and needle for surgical work and has constructed several forms of forceps which will actually sew the skin and deep layers more smoothly and rapidly than by hand. These qualities may be sometimes a drawback, as no machine can supplant the delicacy and tactual sense of the human fingers, but in external work a machine sewed wound may well be neater and better adjusted than one sewed by hand in equal time. The classes of stitches better placed by machine than by the fingers or needle forceps are: "1. Deep suture ligatures, single or multiple, around vascular pedicales, as the mesentery mesoappendix, broad ligament, hernial sac, etc. In the depths of a wound or cavity with the sewing forceps one does not have to see the needle point. The forceps automatically and infallibly grasps it and draws it through. It is a particularly rapid method of cross su-

Digitized by Google

turing a wide pedicle of any sort. 2. Straight lines of suture, in which accuracy of spacing rather than accuracy of fitting is desirable. Such wounds are abdominal incisions, both muscle splitting and in the middle line. These are rarely closed now by single rows of deep stitches, but almost universally by anatomical restoration of the concentric layers from within outward. The suturing machine does this with a speed and accuracy far greater than the hand or needle holder." The larger part of his paper is devoted to the new forms and applications of metal clips, which have almost superseded other methods in his surgical practice. They have the advantages of immediate application, asepsis, rapid healing, painlessness and avoidance of scars. They give a ridge shaped or folded up suture line and cause no perforation of the skin. These advantages are discussed in detail, as well as the possible disadvantages of lack of strength and flexibility. He illustrates the different forms he has used and their applications and calls attention to their value in intestinal work. In all locations permitting them to drop off into the alimentary canal they are safe and speedy of application. They can be used on the mucous surface but not on the peritoneal, nor in place of the Lembert suture. These limitations do not prevent their being of great use, however, in work about the intestines. As a substitute for artery forceps and ligatures Andrews finds the small clips of great value. Their action is clamp-like and they check oozing promptly, and the objection to leaving small, staple-like foreign bodies in wounds or cavities is slight as compared with their advantages. The metal used for outside work is German silver and they must have no elastic tendency to spring open after clamping into place. For deep sutures he has tried aluminum, zinc and magnesium. The latter would be ideal but for its brittleness, and he is now using an alloy of these metals, which is tougher and promises well for rapid absorption. He will report on this material when he has used it in more operations.

Both ether and chloroform anesthesia have a hemolytic effect, which is followed by a compensatory polycythemia. It is followed also by 30 per cent increase in the leucocytes, which begins during anesthesia and lasts for about 24 hours. Leucocytosis is also induced by saline infusions and purgation.—Am. Jour. of Surg.

WHAT THE MEDICAL EDITORS ARE SAYING.

Acute Anterior Poliomyelitis.—Acute anterior poliomyelitis has again, as anticipated, made its appearance. The general practitioner can help much toward solving the question of its etiology and treatment by collaborating with the Rockefeller Institute, which has announced its desire to receive and treat gratis acute cases of anterior poliomyelitis during the present fall. In fatal cases it is hoped that portions of the spinal cord, nasal mucosa, tonsils and adenoids may be obtained, preserved in glycerine and forwarded to the institute. We trust that the general practitioner will fully recognize his responsibility and cheerfully aid in solving the problems involved. It is important that the studies be carried out on a large basis, in order to furnish sufficient data to arrive at logical conclusions. We know that the disease is infectious, and that the infectious material exists in the secretions of the nose and throat. It occurs in epidemics and is prevented from spreading by quarantine. Therefore, all cases should be isolated, and the quarantine should be continued for a month. All those exposed, as well as those infected, should use antiseptic sprays and gargles to keep the mucous membranes of the nose and throat in a condition less liable to rceeive and spread the infectious material. As Flexner has shown that in monkeys urotropin given internally lessens their susceptibiilty and tends to mitigate the severity of the disease, when established, it is evident that this drug should be used in all suspected cases and be considered imperative in the early treatment of all patients. As it is often difficult to make an early diagnosis, it would seem almost mandatory, at the time of year when poliomyelitis is prevalent, for the physician immediately to disinfect the nose and throat frequently and to administer urotropin to a child attacked with indefinite febrile symptoms. The report of all cases of infantile paralysis to the public health authorities should be enforced by law, and all deaths from this cause should be properly described and registered. —The Post-Graduate.

The Passing of Certain Patent Medicines. —It is stated that patent medicines of the class known as blood purifiers have recently undergone a serious decline in their sales, although others continue to minister to a large clientele, principally the so-called tonics and tissue builders. The idea

Digitized by Google

of purification of the blood is no longer even popular therapeutics and, doubtless, increased life in the open air and the belated popular conviction that outdoor exercise is beneficial have created a healthier people, or at least one that suffers less from the effects of intestinal toxemia. What the medicines formerly so popular really accomplished was mainly the relief of constipation. They were compounded chiefly of drugs that had little other action, if any, if we except alcohol which gave a temporary feeling of exhilaration, welcomed and misunderstood by the total abstainers who composed so large a percentage of their patrons. The relief of constipation produced good results in overfed patients, particularly heavy meat eaters, allayed irritating skin eruptions, "biliousness," and, very likely, many a mild metritis as well as the "bearing down pains" that were due to an overloaded colon. The medicines had one singular advantage in certain chronic conditions where the potassium iodide which most of them contained was indicated. This was the fact that patients would take them for an indefinite period and so secure results impossible from the practitioner's prescription, which, if it failed to produce obvious results from its customary thirty-two doses, was immediately discarded for the mixture of another adviser.—N. Y. Med. Jour.

Sectarianism Passing Away.—We learn with a good deal of pleasure that the last of the colleges of the physiomedical "school" has closed its doors, has gone out of existence for good. That's good. So one sect less. Recently two eclectic colleges have taken down their sectarian flags and have become "regular." The role of prophet is said to be a risky one and still there are things about which one can prophesy with perfect security. And the future of American sectarianism is such a thing. While the exact time cannot be specified, still we are absolutely certain that in the not very distant future there will not be a single sectarian medical college college in the United States, just as there are no sectarian medical schools in any country in Europe. And the principal factors in the extermination of these schools are and will be: the high preliminary entrance examinations and the state examinations for license. What attracted a large number of students of those sectarian schools in the past was the lack of any entrance examinations and the "easiness" and shortness of the course. But finding that he must pass the same preliminary examination no matter what medical college he may enter, pass practically the same final examination, no matter from what college he was graduated, the student will naturally prefer a high class college. And for lack of patronage the little sectarian college will be bound to close. Nor is there any excuse for the existence of any sectarian medical college, in spite of what our numerous eclectic and homeopathic friends may say to the contrary. Medicine has now adopted scientific principles, and there is but one science of medicine. Differences of opinion on certain points exist and always will exist, but we need no separate "schools" of medicine for that. The difference between any two schools of medicine is not greater than between certain members of the same school. And, besides, everybody is now perfectly free to treat patients according to his best judgment. All we demand from a man who intends treating human beings is to show evidence that he knows the principles of medicine and surgery. The details we leave to his conscience. It does not therefore seem foolhardy to predict that in about ten years all or practically all eclectic medical colleges will have gone out of existence; for the homeopathic medical colleges the time will be somewhat longer, say twenty-five to forty years. The osteopathic colleges we do not mention, because we are unregenerate enough not to consider them medical colleges.—Critic and Guide.

Subscribe for the Medical Fortnightly.

The Painless Removal of Adhesive Plaster.—A physician recently discovered by accident that oil of wintergreen when applied to adhesive plaster removes completely the adhesive elements in a very short time, and he has since found this agent a most useful one for this purpose. It is necessary only to use a small amount of the oil, which is applied directly to the plaster and easily spreads itself throughout the adhesive material. This agent is not in common use for this purpose, and as the aim of a physician or surgeon is to relieve instead of causing pain it seems well to call the attention of the profession to the value of the method. When extensive areas of plaster are to be removed the application of an ointment of adeps lanae hydrosus with ten per cent of oil of wintergreen incorporated is even more useful than the oil alone.—Successful Medicine.

Digitized by Google

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-seventh Annual Meeting, held at Nashvile, Tenn., Oct. 17-19, 1911.

The President, Dr. Robert H. Babcock, Chicago, in the chair.

Pellagra: Its Epidemiology.—Dr. R. M. Grimm, of the Marine-Hospital Service said: An investigation was made during August, 1911, in the counties of Whitley, Knox and Bell, Kentucky. The total number of cases was 140. Only sixteen were living in the homes at which they resided the time when they noticed the first symptoms of the disease. With one exception, the families of the sixteen pellagrins gave a history of using surface or spring water. No observations were made which would lead one to suspect that the disease is hereditary. So far as I was able to determine, corn products in one form or another had been used exclusively by all of the pellagrins. The cornmeal used by the families of the miners in this region, is obtained almost exclusively from the stores of the coal mining companies. The cornmeal was not of the best quality.

The Prevention and Eradication of the Bubonic Plague.—Dr. W. C. Rucker, San Francisco: Plague is primarily a disease of rodents and secondarily and accidentally a disease of man. Man's safety from the disease lies in the exclusion of the rodent and his parasites. This is the basis of all preventive and eradicative work. If man can live in rodent-free surroundings he need have no fear of plague, because if there are no rodents there can be no rodent parasites, and for all practical purposes the flea may be considered as the common vector of the disease from rodent to rodent and from rodent to man. The eradication of bubonic plague, therefore, means the eradication of rodents.

In the city the fight is directed against the rat and its parasites and aims to prevent the spread of the disease from them to man. In the country two measures follow the same general lines as in the city and are modified only to meet the existing conditions, such as the species of the rodent to be combated, the density of the population, and the different character of the buildings. The work of prevention is directed against the rodent and its parasites lest they import and nourish the seeds of pestilence, later to distribute them to mankind.

Preventive Vaccination Against Typhoid Fever.—Dr. W. S. Harpole, Chicago: Vaccination has been done in many hospitals and asylums, where nurses, patients, doctors have been protected. Notable are the experiences of Richardson and Spooner in the Massachusetts General Hospital. From 1902 to 1906, twenty-six nurses contracted typhoid-fever, and for each case of typhoid fever treated a nurse contracted the disease. In 1909 and 1910, under vaccination, no cases of typhoid occurred among the nurses. The experiences of our army and of hospitals and asylums are sufficiently convincing of the value of this vaccination. Typhoid vaccination is done by the injection of killed cultures of the typhoid bacillus. The germs are usually killed by heat. All persons who are in contact with typhoid cases, as physicians, nurses, hospital attendants and laboratory workers, should be vaccinated. Children and young people going to the country for the summer should be protected.

Typhoid Vaccines in the Chronic Infection.—Dr. William J. Stone, Toledo, O.: Not only should individuals who are typhoid-carriers receive appropriate vaccine treatment, but all individuals including physicians and nurses, whose duties require the attendance and care of typhoid cases should receive immunizing treatment. By this procedure, many individuals otherwise destined to become chronic carriers might secure protection which would prevent in themselves the possibility of cholecystitis or other late manifestations as well as avoid the possibility of becoming a source of danger to others. Such treatment has been found efficient and productive of little discomfort. Nurses, orderlies and physicians should be regularly immunized at intervals of two or three years as should all others exposed to endemic or epidemic outbreaks. When typhoid bacilli have produced clinical or bacteriological evidences of cholecystitis, it is doubtful whether vaccine treatment will of itself be of avail, surgical drainage of the viscus then being indicated. On the other hand, appropriate vaccine treatment in individuals showing evidences of intestinal or urinary tract perpetuation of the bacilli, without cholecystitis, during convalescence from disease or subsequently, should be given the opportunity of vaccine treatment. Not all will be cured, but the bacilli will disappear in some instances. Chronic carriers, who have been treated by vaccines, should be under the control of the local board of health and furnished employment, if necessary, which would not require the handling of food products.

Digitized by Google

Diseases Produced by the Colon Bacillus; Diagnosis and Treatment.—Dr. Fenton B. Turck, Chicago: The etiology of diseases does not sufficiently interest the American physicians and surgeons, hence our remedial measures are directed to the treatment of symptoms, and frequently we find the surgeon content with the removal of gallstones, appendices and ulcers, etc., without sufficient interest in the causes of these complaints. Consequently we find many discouraging reports of the end-results of many of these abdominal operations.

Not only surgical diseases but many medical diseases masquerading under various names are now recognized as colon bacillus diseases. Thus Trautner experiments with colon bacillus in rheumatism, Metchnikoff in arterial sclerosis, Opie in hepatic cirrhosis. Migraine and neurasthenic conditions are often associated with increased indican which is chiefly the result of activity of bacillus coli in the intestine. Aside from the usual methods, the diagnosis rests on obtaining active cultures of bacillus coli from the cecum (first clearing the lower bowel and allowing the tube to remain in the bowel until the contents from the cecum and also the ileum pass into a culture tube). A pure culture injected intraperitoneally into a rat indicates the virulence of the Bacillus coli used by death of the rat or mouse in a few hours. A test vaccine is used to determine the degree reaction of the patient when injected subcutaneously into the patient.

The treatment is directed first to the reduction of the virulency of the colon bacillus in the intestines by dietetic measures and the restoration of the functions of the stomach and intestines, especially the motor functions, and second to the increase of the means of defense by increasing the antibodies in the blood and tissues of the patient. Autogenous vaccines are introduced subcutaneously, intravenously, by mouth, colon or into the bladder or pelvis of the kidney as the case may require. This combined method has been beneficial in patients who have failed to obtain relief after operation for ulcer of stomach and duodenum, gall-bladder disease, for removal of appendix, etc. It is over three years since his combined method of treatment was first used, and it seems to prove that the cures are permanent where the treatment is completely carried out.

Drinking frequently of buttermilk is said to cure cystitis and check consumption.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

*Twenty-fourth Annual Meeting, held at Omaha, Neb., September 7 and 8, 1911.**

(Continued from page 465.)

The Treatment of Puerperal Septicemia.—Dr. L. W. Littig, of Davenport, Ia., stated that the general treatment for this condition must be fresh air, support and elimination must be encouraged by an abundance of water, by enteroclysis, if sufficient could not be taken per os. To recapitulate: 1. It was a wholesome creed that every case of purperal fever was from without. 2. It was well to warn the family of the danger of mechanical transplantation of infecting germs from without during the month preceding confinement. 3. A preliminary disinfection of the vulva and of the neighboring integument was absolutely necessary, that the gloved finger or the gloved hand might not transplant infecting germs into the parturient canal from without. 4. A preliminary disinfection of the vagina was futile. 5. A distinctive diagnosis between saprophytic intoxication and septic endometritis at the outset was but rarely possible. 6. Vaginal douches were of value if infected lochia bathed vaginal or cervical wounds. 7. Uterine irrigations, under the guidance of the eye, and with a very gentle hand, were useful to remove retained lochia and decidua, or in long-continued septic endometritis, but they must be given by a skilled hand under guidance of the eye, and preferably anesthesia. 8. The curette was an instrument for evil only, and had no place in acute puerperal febrile conditions except rarely in adherent placenta. 9. Adherent placenta must be removed, uterine irrigation to proceed and not to follow its removal. 10. Puerperal peritonitis and pelvic collections of pus demanded immediate drainage. 11. Vaccines were illogical and antisera were not proved. 12. The strength of the patient must be conserved, and elimination encouraged.

The treatment of saprophytic intoxication of purperal endometritis might be formulated as follows: 1. Meet the indications of local conditions in the perineum and in the vagina. 2. If the uterus was enlarged and the cervix open, irrigate and cleanse with the gloved finger. 3. If the uterus was contracted but the cervix open, irrigate. 4. If the uterus was contracted and the cervix closed, do not irrigate. 5. Fresh air, support, elimination.

Dr. Palmer Findley, of Omaha, said it

Digitized by Google

was a mistake to interfere in any way with the lower genital tract in obstetrical cases prior to labor. He felt that an instrument that was used intelligently, which would seek out retained portions of the placenta and remove them without additionally wounding the surface of the uterus was better than the curette which inevitably created additional wounds. Therefore, he used the placental forceps devised by Emmet in these cases. If uterine irrigation was to be employed, he thought the author would agree with him that we should use sterile water or normal salt solution. As to the use of vaccines, while he never denied his patients the use of them, still he placed no reliance upon them. There was only one indication for the removal of the uterus in puerperal sepsis, and that was abscess formation. Abscesses of the uterine wall were comparatively rare in pureperal sepsis. There were other indications, such as the accidental perforation of the uterus, the presence of infective fibroids, as well as the one indication, that of abscess formation. Any of these conditions might justify hysterectomy.

Dr. A. B. Somers said that puerperal sepsis was a wound infection. It was a surgical infection. Aside from the few things that might be done in certain instances, the treatment was strictly local and the sooner the physician learned to let all cases of elevated temperature in puerperal women strictly alone locally, the quicker they would reduce the mortality of the disease, because there was no question that there were a large number of women who were killed by local treatment, but who would live if left alone.

Dr. J. M. Bell said that puerperal sepsis was in many instances a preventable condition. If we would bear in mind not to be in a hurry, as most of us were, to get through as quickly as possible, both in the delivery itself and in the removal of the placenta, and were less indifferent or careless, overlooking numberless little things that should be attended to, we would be able to accomplish much more for these patients than we do at present In the vast majority of cases, the condition was a preventable one, and a good deal depended upon the man who was attending the case.

Dr. Mary Strong said that as for waiting and waiting until these patients were edematous and their general vitality was greatly reduced sometimes by pressure and sometimes by the pain, she thought it was the very worst policy the physician could pursue.

Dr. D. S. Fairchild, of Clinton, Iowa, had seen some cases in which treatment was harmful. The washing out of the vagina before confinement and doing a lot of things of that kind were harmful. Washing out of the vagina and uterus after confinement was deleterious. The indiscriminate use of the curette for separating and removing pieces of adherent placenta was attended with considerable danger. The placenta should be removed, if possible, but it should be done with gentleness, otherwise trouble would arise in the nature of infection.

Dr. William F. Milroy, of Omaha, said he remembered very well when the treatment of puerperal sepsis was introduced by Dr. Garrigues, who was at that time visiting physician to the New York Maternity Hospital. Puerperal sepsis prevailed to such an extent in that institution that they lost in one month 35 percent of all patients who were confined, and scarcely a woman was confined at that time who escaped infection. A study of puerperal septicemia had been carried on in Europe, and the method of prevention adopted over there was introduced by Dr. Garrigues, namely, the use of bichloride of mercury chiefly, and the epidemic was arrested.

Dr. V. L. Treynor, of Council Bluffs, Iowa, said that if the average physician would pay more attention to himself in observing his own defects and weaknesses, there would be fewer cases of puerperal sepsis. The practitioner should avoid making unnecessary examinations. He should repair lacerations and apply forceps when they were indicated.

Dr. W. L. Ross, of Omaha, said that when a woman with puerperal sepsis had a rise of temperature from day to day, which was due to some uterine infection, the physician ought to go over that case the same as he would any other infected wound and make it as clean as possible. A man accustomed to using the blunt curette, who knew how to use it carefully and gently, could use it with as much intelligence and skill and ease and with less danger to the patient as he could the gloved finger.

Earache.—Dr. P. I. Leonard, of St. Joseph, spoke of the unscientific treatment of earache as a result of improper diagnosis. He said there was a constant supply of prescriptions published in medical journals, but most of them failed to meet the indications, for the reason that pathological conditions were responsible for the earache.

Digitized by Google

Dr. H. B. Lemere, of Omaha, said that many of the prescriptions for earache were given blindly. Every physician should be able to examine the ear drum, but the fact remained that the vast majority of physicians were not able to do so. It was not an easy thing for any one who was not used to it to examine the ear drum of a struggling child, with an inadequate light, and with the parent through sympathy for the child not able to hold the child still, so that the practitioner would meet with a good many cases where he could not examine the ear drum, and the question arose, what was he to do? He had to do something to relieve the child. Most of the cases of earache, particularly in children, were such as resulted from a cold, and were similar to infections of the nose and throat. The rule of procedure he followed in these cases was invariably this: The parents were told to give the child large doses of castor oil. Castor oil did the work, while the other cathartics did not, calomel included. A brisk cathartic of this kind would often relieve the congestion, the earache would disappear, and the child would fall into a natural sleep without any operative procedure, or without anything further being done. He used the old prescription of laudanum and sweet oil because of the heat carried by the instillation. He advised the parents to warm it as it was soothing to the ear and it allayed irritation. Every earache in a child did not develop into an abscess.

(To be continued.)

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Death of Surg.-Gen. Wyman.—Just as the Fortnightly goes to press, we learn of the death of Dr. Walter Wyman, Surgeon-General Public Health and Marine Hospital Service, which occurred in Washington. Full particulars will be given in our next issue.

"On Again, Off Again" in New York.—First: A new sanitary code ordinance will go into effect on October 1, which abolishes drinking cups in all public places, public schools, railroad stations and theaters. School children will have to furnish their own cups and it will be considered a violation of the law for any person to loan his or her cup to another. In order to assist in this movement a large department store is making a free distribution of several hundred thousand pocket drinking cups to school children.

And then: Governor Dix has vetoed Mr. Carew's measure providing for the doing away with public drinking cups throughout the State.

The Kansas Midwife to Go.—The secretary of the Kansas State Board of Medical Registration and Examination is sending to secretaries of medical societies throughout the State the following: "I beg to call your attention to the fact that no one has the right to practice obstetrics in the State of Kansas who is not licensed as a physician and surgeon, and I desire that you see that the county attorney prosecute all persons attempting to practice midwifery (obstetrics) in your county, without a license to practice medicine and surgery, as midwifery (obstetrics) is one of the branches on which we examine applicants to practice medicine and surgery in this State."

Digitized by Google

SMILES

PUZZLERS.

Where can a man buy a cap for his knee?
Or a key for a lock of his hair?
Can his eyes be called an academy
Because there are pupils there?

In the crown of his head what gems are set?
Who travels the bridge of his nose?
Can he use when shingling the roof of his mouth
The nails on the ends of his toes?

What does he raise from the slip of his tongue?
Who plays on the drums of his ears?
And who can tell the cut and style
Of the coat his stomach wears?

Can the crook of his elbow be sent to jail,
And if so, what did it do?
How does he sharpen his shoulder blades?
I'll be hanged if I know—do you?

—Boston Evening Transcript.

"You'll have to send for another doctor," said the one who had been called, after a glance at the patient.

"Am I so ill as that?" gasped the sufferer.

"I don't know just how ill you are," replied the man of medicine, "but I know you're the lawyer who cross-examined me when I appeared as an expert witness. My conscience won't let me kill you, and I'll be hanged if I want to cure you. Good day!" —Practical Druggist.

Her Two Complaints.—Edward, the colored butler of a lady in Washington, had recommended his mother for the position of cook, but when the applicant came the lady noticed that she was not very strong-looking.

"Do you suppose you will be able to do the work, Auntie? You don't look very healthy."

"Yes, ma'am, I is able; I ain't nuvver been no ways sickly in my life—ain't nuvver had nothin' but smallpox an' Edward.'

Had 'Em Again.—A company of motion-picture actors and actresses gave a performance of "Chantecler" on the grounds adjoining the suburban studio of a film-manufacturing company. A little later one of the actors, out for a walk, came upon a man seated by the roadside and weeping bitterly.

"What's the matter?" inquired the sympathetic player.

"I'm one of the patients at the sanitarium for bugs over yonder," explained the despairing one. "Yesterday the doc said I was well —boo-hoo—and that I could leave in a day or two. And what do you suppose I saw this morning? Roosters and hens six feet high and talkin' just like humans! If I get away from that sanitarium in ten years, I'll be doing mighty well." —November Lippincott's.

A weather-beaten damsel, somewhat over six feet in height and with a pair of shoulders proportionately broad, appeared at a back door in a Wyoming town, and asked for light housework, She said that her name was Lizzie, and explained that she had been ill with typhoid and was convalescing.

"Where did you come from, Lizzie?" inquired the woman of the house. "Where have you been?"

"I've been workin' out on Howell's ranch," replied Lizize "diggin' post-holes while I was gittin' my strength back."

Pat and Mike, who hadn't met for years, encountered each other one day.

"Hello," says Mike. "You're lookin' fine. Are ye workin'?"

"Shure I am, an' a fine job I have."

"What are yer workin' at?"

"I'm a bill poster."

"A bill poster? Ain't that coincidence? Shure I'm a bill poster myself?"

"Now aint' that wonderful? What kind of bills do ye be bill postin'?"

"Shure, I'm bill postin' fer a play actress av the name av Elsie Janis."

"Elsie Janis? Well, well, if that don't beat all. I'm postin' fer her father."

"Father? G'wan! You don't mean Elsie Janis' father?"

"That same."

"What's his name, then?"

"Why, Hunyadi Janis!"—N. Y. World.

Angiosarcoma.—Dr. J. Bondy, New York (Jour. A.M.A., March 25), reports a case of angiosarcoma of the liver microscopically diagnosed after operation in an infant who survived only three and a half months after birth. The chief features in the case, which is reported on account of its rarity and the difficulty of making an accurate diagnosis, are: first, the early period of life at which the tumor started (possibly before birth); second, the rapid increase in abdominal girth; and the paucity of the symptoms until just before death. The abdomen was noted to be slightly protuberant three weeks after birth, and it became markedly so later, until just before death it measured 29 inches at the umbilicus.

Digitized by Google

MEDICAL MEMORANDA

For Sale.—One 24-plate static machine, in perfect condition, with X-ray tube, one-fourth horse power motor, and all accessories. Will sell for half-price. Call and see it in operation. J. J. Bansbach, M. D., 825 Frederick avenue, St. Joseph, Mo.

Battle & Co., of St. Louis, have just issued No. 17 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co for them before the supply is exhausted.

External Eye Diseases.—The most frequent forms of diseases of the eye are those located in the mucous membrane of the eyelids (conjunctiva). When left alone they are not only a source of annoyance and suffering, but often endanger the sight. The frequency of these external affections of the eye has made their treatment one of the richest mines for quacks from the oldest times. All general practitioners of medicine are frequently called upon to treat these diseases, which they can do successfully with perfect safety, and not be under the necessity of sending their patients to an oculist. It will be readily recognized from the formula of palpebrine that it is composed of ingredients of no untried remedies, but of such as are entirely reliable in the treatment of all external eye diseases. No detrimental effects can come from its use ad liberatum. Palpebrine is superior in its action to the remedies now in use. It contains all the constituents of aqua conradi, which is recommended by the renowned professor of the Vienna University, Ferdinand von Arlt. (See Clinical Studies on Diseases of the Eye, by F. Ritter von Arlt, translated by L. Ware. p. 23.) The Dios Chemical Co., of St. Louis, Mo., will mail free sample with formula and literature on application.

Important New Preparations of Parke, Davis & Co.—General practitioners will be interested in the announcement by Parke, Davis & Co. of two new products of their chemical laboratories. Proposote and stearosan are the names chosen to designate the preparations in question. Proposote is creosote in combination with phenyl-propionic acid. It is a straw-colored, oily liquid, neutral in reaction, nearly odorless, and having a slightly bitter taste suggestive of creosote. It is insoluble in water, but is slowly decomposed by alkaline liquids. The indications for it are the same as those for creosote. Tubercular cough following pneumonia, the cough of pulmonary tuberculosis, acute and chronic bronchitis, abscess of the lung, asthma, and bronchitis complicated with Bright's disease are among the pathological conditions benefited by its administration. Being soluble in acid media, it passes through the stomach unaltered by the gastric juice, to be slowly broken up by the alkaline fluids of the small intestine, hence may be given in gradually increasing doses until the desired effect is obtained. During prolonged administration, as is well known, creosote disturbs digestion, impairs the appetite, and often causes nausea and vomiting. Proposote is free from this objection.

Stearosan is santalol combined with stearic acid. It is an odorless, tasteless, light-yellow oily liquid that is insoluble in water and dilute acids, but is slowly broken up by alkaline fluids. The pathological conditions in which it may be employed with advantage are precisely those in which santal oil has long been used—chronic gonorrhea, cystitis. urethritis, vaginitis, pulmonary disorders such as chronic bronchitis, bronchorrhea, etc. It possesses therapeutic properties fully equal to those of santal oil, over which it has the important advantage of being practically without irritating effect upon the stomach. The explanation of the latter fact is that the preparation is not attacked by the solid gastric juice, but passes into the small intestine, where it is broken up or emulsified by the alkaline fluid and absorbed without difficulty. The distressing eructations and loss of appetite attendant upon the administration of santal oil do not occur when stearosan is given.

Both proposote and stearosan were thoroughly tested clinically before being offered to the medical profession, and practitioners may be assured of their therapeutic efficacy in all cases in which they are indicated. They are supplied in 10-minim elastic gelatin globules, boxes of 25 and 100, and may be obtained through retail druggists generally.

Chronic Leukorrhea.—(Dr. C. E. Brandenburg, New York City.)—Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leukorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand but to no purpose. I was making preparation for an operation, which would have meant the removal of the uterus, when my attention was drawn to glyco-thymoline and I determined to give it a thorough trial before operative measures were to be further introduced. An intrauterine douche of glyco-thymoline in a 25 per cent hot solution was administered and lamb's wool tampons saturated with pure glyco-thymoline were used. She began to improve from the first application. The leukorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is nearly well after nine weeks' treatment with glyco-thymoline.

Vinegar diluted one-half with water, poured into the eye directly abates the pain from lime in the eye.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX · MONDAY, DECEMBER 11, 1911. No. 11

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

Entered at the St. Joseph, Mo.. post-office as second-class mail matter.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL M.D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY. M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

PRINCIPLES UNDERLYING THE TREATMENT OF VISCEROPTOSIS.*

WM. M'ILWAIN THOMPSON, M. D.

CHICAGO.

In the management of a disease there are certain principles or axioms which are brought to notice by a study of its etiology and pathology. These principles become the guides in treatment.

It is my purpose to call attention to those principles in the treatment of visceroptosis which the wealth of literature and investigation have furnished us. In order to properly elucidate the facts I am about to present, I shall divide visceroptosis into acquired and constitutional. I am well aware that this is a somewhat arbitrary classification because one overlaps the other so often that it is difficult to differentiate and we are told that as a rule we have a defective individual from the start.

It should be borne in mind that cases of constitutional ptosis are found with no subjective symptoms because they have never been exposed to the strain either of illness, malnutrition, improper clothing or child-bearing that is necessary to usher in the symptoms. The prophylaxis of ptosis enteropticus begins in infancy. Clothing, diet and posture are the important points to be considered in the treatment.

Clothing and diet I leave for the pediatrician. Posture is perhaps less understood than the other two. In walking the normal child either points the feet directly forward or toes slightly in, carrying the body a little ahead of the center of gravity. Watch the child walking or an Indian on the hunting trail and you will see that the foot is raised, the leg advanced by the extensors of the thigh and the body from its position falls naturally forward on the advanced foot. The weight comes on the ball, the outside of the foot, and a portion of the heel, and as this is the strongest part it is easily seen that these people do not suffer with flat foot.

In the over-erect posture of the body either standing or walking, the abdominal muscles have, in addition to performing the act of respiration (which is their normal function) to assist in holding the body erect, thus interfering with respiration. The back muscles are strained because of maintaining the spine in an abnormal curve —the toes turn out, the weight falls on the inner side of the arch, the long axis of the sacrum is almost parallel with the femur, add scoliosis and the concave chest wall, and we have the picture of enteroptosis.

Children should be taught to sleep on their sides. The parents should be warned against the evils of too early walking. All fours should be the proper means of locomotion for the baby.

It is important for us to study the common postures (3) as well as the clothing of children to see that they are not harmful. Play is the natural exercise and body builder for the normal child. Physical culture or calisthenics unless carefully supervised may do harm, but an unequally developed or weak child with a tendency toward constitutional or showing the signs of ptosis may be rounded into a normal adult by exercises properly chosen. The work of the orthopedist in the treatment of flat foot and curvatures has made great advances in this field. Instead of being a task the exercises can be made a pleasure by being taught in games, as for instance, one of the best ways to cure a splay foot and weak arch is to have the patient run on the toes.

Pregnancy (4) is the mile-stone at which

*Read before the Mississippi Valley Medical Association at Nashville, Tenn., October 17, 1911.

Digitized by Google

the enteroptotic woman meets her great crisis. She may have arrived at this point suffering from few or no symptoms of her lowered viscera. When the stress of child-bearing leaves her a confirmed neurasthenic, or (5) she may suffer up to the pregnancy when, by reason of the rising uterus holding and pushing up the falling viscera, she will experience a complete return to health until after her delivery.

Even the woman with properly placed organs may through obstetricial injuries arise from her puerperium with acquired ptosis.

In the woman with enteroptosis the lines of force in labor are not properly directed towards the outlet consequently she is more prone to obstetrical injuries than the normal. Although corsets are responsible for the weak abdominal and back muscles of civilized women, their sustaining help can not be safely disregarded and as nearly all civilized women approach this period with a weak musculature, provision must be made for their support. It is not possible to compel a weak set of muscles to carry this greater burden without some additional help; but in addition to supporting the muscles and correcting the posture they should be given frequent intervals of rest and some exercises to prepare them as far as possible for the work they are about to be called upon to perform.

Following labor, if there are no lacerations or infections, early rising (6) (about the fourth or fifth day) is a help in restoring tone to the musculature; if the woman is encouraged to lie down three or four times a day and to attempt no work until the uterus fundus has reached the symphysis. The good effects of early rising are evident in the condition of the bladder and bowels which act more readily and efficiently. In the more rapid return of tone to the muscles which grow very flaccid after a long period in bed, in facilitating the uterine discharge by the erect posture of the body.

As soon as the placenta is delivered a tight bandage should be applied reaching from the symphysis to the cartilages of the fixed ribs. This should be frequently be taken up as it becomes lax. Exercise should be given at the end of the first week to strengthen the muscles of the trunk and the kneechest position should be practised twice daily. She should be encouraged soon after labor to roll around the bed, lie on the stomach, etc. to facilitate the involution of the uterus.

We have some excellent literature on corsets and shoes in the treatment of ptosis. The opinion of the majority seems to be that (1) the corset should be short behind, especially at the top and long in front reaching well over the symphysis. (2) That they fit the woman tightly around the pelvis (especially in the spaces between the trochanter and the iliac crest) and decrease regularly in pressure to their upper edges, when they should be very loose. (3) They should be considerably in curved in the back and sides, but show no waist curve in front. (4) They should have three laces and be laced tightly at the bottom first; afterwards the hand is reached down inside of the front and the abdomen pulled up. (5) The next lace should be loose and the top very loose. Personally I prefer corsets to bandages as they are more fashionable and appeal to the patients, and as a rule they do the work better.

High heeled shoes are an aid in correcting body posture as they tilt the lower portion of the body forward causing the shoulders to be pulled back and preserve the balance, thus pushing the chest out.

It is unfortunate that this virtue of high heels is counteracted by a vice, for the wearer in walking lets the weight fall on the heel instead of distributing it over the foot and there is no elasticity in the step as is the case when the weight falls first on the ball. Consequently the body feels the jar directly instead of having the force diminished by the spring of the arch and the bent knee.

When medical and mechanical treatment have failed and when ptosis has been proven to be the cause of neurasthenia and autointoxication, then and only then it becomes a surgical disease. This does not apply to lesions of the pelvic outlet, for here we are dealing not with a habitus but a result of trauma and a priore the cure is the repair of the lesion.

Some of the principles of pelvic repair are: (1) a restoration of function; (2) the avoidance of scar tissue; (3) the accurate approximation of muscles and ligaments. (4) The end results of the operation should be (a) restore the uterus to its normal position so that the impact of the intestine is directed towards its posterior surface. (b) To restore the concavity of the rectal curve by abridging the levator muscles in front of it. (c) If the rectum is attached to the vagina higher up than the level of the posterior cul-de-sac they should be separated lest the rectum in emptying itself should drag down the uterus.

In the child-bearing period we are restricted to those operations that conserve the functions of the generative organs. Af-

Digitized by Google

ter the menopause a wider and more radical operative field opens up in which the reversed uterus can be used extraperitoneally as a plug in the vagina against the descending viscera.

The satisfactory end results of operation for visceral ptosis depend upon a successful initial study of the causation of the individual ptosis and of its consequent relation to the neurasthenia. Neither the anatomic standard nor the X-ray picture is to serve as a criterion for the operation.

Surgery should not deal with the fixation of one organ causing no special symptoms, as for instance a floating kidney when all of the abdominal viscera are more or less affected. Fixation cannot restore perfect funcion in organs with a freedom of motion of most of the abdominal and pelvic viscera.

If Hilton's law is accepted that a nerve trunk supplying a given joint also supplies the muscles moving that joint and the skin over the insertion of those muscles, and if it is a fact that the sympathetic nerves are not a distinct nervous system but visceral nerve branches of the spinal cord, then it is true that Hilton's law applies also to the abdomen. It becomes quite plain, therefore, that there is an interdependence of organs and muscles and ligaments. Furthermore, as the fascia of the muscles is the real sustaining factor and the muscles the movable, the fascia becomes a very important segment of the vicious circle and its function must be restored or operative measures on the viscera are not a permanent cure.

LITERATURE.

J. G. Clark, J. A. M. A., Vol. IV, No. 6. Athletics and Outdoor Sports for Women, page 78 Diet and Hygiene Gazette, January, 1910.
Stowe, H. M., Surg., Gyn. and Obstet., Sept,, 1910.
Brown, Boston M. & S. Jour., June 8, 1911.
Goldwaith & Brown, Boston M & S. Jour., 1911.
Pruske—Monats. f. Gel. & Gyn., Bd. XXXIII. Hft. 3, s. 331.
Reynolds & Lovett, J. A. M. A., LIV, No. 13.
Gallant, A. E. J. A. M. A., LI, No. 13.
Mayo, W. J., Trans. Am. Gyn. Assn., Phila., 1910, XXXV.
Rosewater, Lancet-Clinic, Cincinnati, 1911.
Baughman, G., Old Dom. J. M. & S., Richmond, 1910-11, XI.
Musser, J H., J. A. M. A., 1910. LV, No. 23
Smith, R. B. J. A. M. A., 1910, LV, No. 23
Ochsner, O. J J. A. M. A., 1910, LV. No. 22,
Reynolds, E , J. A. M. A., 1910, No. 13.
Butler, W. J., J. A. M. A.. 1910. LV, No. 27.
Blake. J. A., Trans. Am. Gyn. Soc., Phila., 1910, XXXV.
Stone, J. S., Am. J. Obst., N. Y., 1910, IXI.
Muller, Am. Surg., 1911. 1111.
Hanover, H. R , Calif. M. & S. Reporter, 1910, VI.

Railroad Fatalities.—According to the report of the Inter-state Commerce Commission for the year ended June 30, 1911, there were 10,396 persons killed on the railroads of the United States, and 150,159 injured. Of the number killed only 386 were passengers and more than one-half the total number were trespassing upon railroad tracks or stealing rides.

CHOLECYSTITIS.*

JOHN M. BELL, M. D.
ST. JOSEPH, MO.

From the standpoint of medication the gall bladder is the most inaccessible organ of the body. Its blood supply is poor, its nerve supply poorer, its lymphatic connections poorest. It may hold within itself gall stones for years, and if they be large so as not to attempt to engage in the duct, it may never be known until autopsy. It may contain pus for weeks at a time without any symptoms to the body of sepsis. There may be a cystitis, and in many cases remain undetected for a long time, until adhesions to peritoneum arise to call attention to the fact. It seems to have been tucked under the liver by the Divine Architect, as a mere dripping pan never requiring to be looked after. I am very much under the impression if the simple, rational life, which was ordained for men, be followed, it never would need any attention.

Cholecystitis, or to look at it from another point of view, infection of the gall bladder, arises from two general sources, outside of systemic infections: 1st. Bacterial invasion passing up direct from the duodenum. 2d. Toxic absorption from the colon; more work being placed on the liver than can be tolerated. As a result the liver is unable to separate the immense quantity of filth taken up from the colon, some of it passes through into the blood, some out again in the bile, the gall bladder gets its share. It is therefore infected by the bile.

The so-called bilious spell from dietary indiscretion, with the stomach and duodenum full of decomposing food, is one of the best feeders of gall bladder infection. Another common one is constipation, a condition, described by an eminent writer as the result of ignorance, laziness and carelessness. The long retention of germ laden fecal matter in the colon is, next to typhoid fever, the most prolific source of cholecystitis.

Investigation in the etiology of gall bladder disturbances has developed the fact, that a large percentage of these cases date their origin from pregnancy. Here again we have the same factor, one liver doing the work of two individuals.

The preventive measure in this instance at once suggests itself, a low diet, more physical exercise in the open air and a clean colon. The rationale of this outline is apparent. During gestation women eat

*Read before the St. Joseph-Buchanan-Andrew County Medical Society.

Digitized by Google

well, stay at home too closely for esthetic reasons, and are notoriously constipated.

As an index to the detection of overworked hepatic function I would suggest examination of the urine for skatol and indol. With the colon reasonably free from toxic material, the urine will show no indican. Its presence in the urine will call for a withdrawal of all animal food, more water and more hours in the open. The field of symptomatology is where we must do our studying. The lack of pathognomonic symptoms in the early stages of cholecystitis is the reason for so many cases passing unrecognized. When there is constant local pain from adhesions, urine loaded with bile, and jaundice, a first year student would think of gall bladder; even the patient can make a diagnosis under such conditions, but by that time the surgeon is needed, not the doctor. His day is gone by.

Bearing in mind the etiological factors, the past history of the patient is worth considering. Constipation.— Rapid, inordinate eating, occasional bilious spells, slight jaundice (all of which may have been disregarded), with hyperacidity of the stomach, will make the clinical picture complete and point, I might say infallibly to the gall bladder. But such an array is not always presented. The earlier the diagnosis the better, whether for medical or surgical procedures. Even our best surgeons cannot promise results with late cases, for delay means adhesions, duct troubles, pancreatitis, and a condition of blood dyscrasia which results fatally. The one symptom most suggestive of cholecystitis is a persistent hyperacidity, if ulcer and appendiceal disturbances can be eliminated.

This, with any one of the suggested factors above named, is quite sufficient for a diagnosis. To reiterate, given a patient with persistent excessive acidity, there being no ulcer—gastric or duodenal—to account for it, and no tenderness in the region of the appendix, a provisional diagnosis of gall bladder disturbances is perfectly reasonable.

If now, in addition, there be the least tenderness on deep pressure over the gall bladder area, bile eructations, or a history of occasional yellow spells, one is perfectly justified in making a diagnosis of cholecystitis. There may be stone also or not, that is secondary consideration. Cholecystitis exists.

Speaking of gall stone as a concomitant of cholecystitis it is well to bear in mind the possible fallacy of an x-ray examination. If there be gall stones, and they be of cholesterin formation there will be no radiograph, if they be made up of lime salts they will show. It therefore follows, a negative X-ray picture does not rule out gall stones.

The possibilities in the way of differential diagnosis of the upper, right abdominal quadrant are numerous and varied; but the range of positive, accurate diagnosis is limited. On the other hand, the pathology although varied, is confined to a small radius, within about three inches. The focus of disturbance within this zone may be pyloric ulcer—gastric or duodenal —obstruction at the ampulla of Vater; cyst or cancer of the pancreas, pressure from right kidney or from a neoplasm in the vicinity, obstructions of any kind may, by pressure obstruct the flow of bile to the duodenum and create intra-cystic distension of gall bladder; or, the prime focus may be within the viscus, so that much the same symptomatology obtains. These possibilities are all to be considered when gall bladder disease is being weighed. The attempt to cure the condition, whatever it be, must be guided by one broad principle, if medical treatment does not, within reasonable time avail, then surgical procedures are to be invoked. With the structures exposed, a searching examination must be made. Experience has proved to me, two or more of these conditions may coexist, so that mere evacuation and drainage of the gall bladder, without search for further pathology, does not suffice. I have lost cases under these circumstances, after the careful and skillful work of good surgeons.

There is said to be no medical treatment for cholecystitis. It is not always possible to determine the length of time a given case has existed. Mild cases run for years with rare exacerbations of jaundice or slight pain without loss of body weight or gross disturbance of functions. These are most liable to be mild cases of uncomplicated cholecystitis with or without large calculi which do not engage within the duct. One can be governed in the essential diagnosis to some extent by the rapidity of progress or the development of symptoms somewhat pathognomonic as for instance hemorrhage which may come on unannounced. In the cases of mild degree and slow onset one is warranted in presuming the existence of an uncomplicated cholecystitis and in these medical treatment has availed. Cases are frequently met in which the cystitis exists as a part of a general passive portal congestion arising from overeating with lack of proportionate exercise.

Digitized by Google

In these cases depletion with salines, a marked reduction in diet together with liberal physical exercise carried out for thirty days will dispose of all symptoms. In the more pronounced cases actual infection must be overcome by decreasing nitrogenous putrefaction in the colon and by direct medication of the gall bladder. The most direct route by which the gall bladder may be reached is by the bile itself. This is accomplished by first reducing the toxicity of bile; second by making the bile a carrier of medication. The toxic coefficient of bile may be reduced markedly by positive alteration in diet. Cut down to minimum animal food, or if need be prohibit it for two weeks, and increase fruit and carbohydrates. This diet plus water will reduce the toxic coefficient of bile to normal. These restrictions may be increased as the case demands it. Where diet alone will not suffice colon irrigations with warm ichthyol solutions are used. The result is checked by examination of urine for indican. When toxic absorption has been inhibited neither the red nor blue indican will show in urine. In order to maintain this point the irrigations and food restrictions must be kept up from 30 to 90 days depending upon the rigor of the individual case. Bile may be made a carrier of medication through the same channel. As soon as the toxic coefficient is within normal the colon is then irrigated with warm solutions of menthol thymol or betanaphthol preference is indicated in the order in which the agents are named. By filling the colon with these solutions warm, the medicaments are taken up by the portal radicles and quickly carried to the liver. The rationale of their healing qualities is a question. That they reach the liver is not disputed. Their influence upon cholesterin and mucus in the gall bladder is problematic. They do act favorably in disposing of mild degrees of infection. That they exert an antiseptic influence is beyond question. The success of the scheme depends much upon the thoroughness with which the colon is filled and distended; the efficiency of abdominal massage and the co-operation of the patient. I have had many cases within the past two years which have responded to this treatment and have maintained good results. All cases do not, because of the impossibility of keeping down nitrogenous putrefaction in the colon. These are properly cases for intestinal short-circuiting. Again, it is not possible to determine the degree of infection within the gall bladder, nor whether the amount of damage already done is within the range of repair. For fear of making the paper too long the details have been omitted. The scheme carried out properly, will restore the integrity of the gall bladder in cases of mild, yet distinct infection.

To summarize: Infection of the gall bladder, outside of some systemic conditions is caused by duodenal contamination, or by the bile itself from nitrogenous putrefaction within the colon. It can be successfully treated by reducing nitrogenous putrefaction, and by making the bile a carrier of medication.

If the blood supply from the colon to the liver may carry so much septic material as to do harm, why not make it carry antiseptic material to repair the damage?

NEURALGIA OF THE FIFTH NERVE.

T. G. STEPHENS, M. D., PH. D.

SIDNEY, IOWA.

The fifth nerve, the great sensitive nerve of the head and face, and the largest cranial nerve is analogous to the spinal nerves in its origin, by two roots, from the anterior and posterior columns of the spinal column of the spinal cord and in the existence of a ganglion on the posterior root. Neuralgia of the trigeminus, or tic douloureux as the French designate, is one of the commonest and most important of the neuralgias. Many cases commence from taking cold. especially. Malarial neuralgias are very often localized in the region of the trigeminus. The other especial causes which may give rise to trigeminal neuralgia are many. The attacks of pain in neuralgia of the fifth pair are usually from many slight causes. It is rare in young children, but does occur from irregular protrusions and association with decayed teeth. One case appeared under the author's observation during the last year and was entirely relieved by extracting two decayed teeth.

"Brow ague" is rife wherever malarious fevers are found, and has an especial predilection for neuralgia of the first of the trigeminal, since the disappearance to a marked degree which has been brought about by cultivation and drainage. It is rare. Cases do however occur and there may be regularity and periodicity in the attacks of pain. In a semi-algid condition of the system and under the rapid and effectual influence of quinine it disappears. During the past spring, 1911, I was called by message to Mrs. S., 82 years old, who had always had average health. She was seized early one morning with severe pain

Digitized by Google

over the left eye and radiating over the same side of the face. The pain was so acute as to require a hypodermatic of morphine which gave temporary relief, then gave her for a few days the triple bromides the pain returned again. I then changed my treatment to tincture of gelsiminus and neuralgic idiopathic tablets (Brown-Sequard) administered them pro-re-nata with the best of results—the patient considers herself cured.

THE BABIES.

D. L. FIELD, M. D.

JEFFERSONVILLE, IND.

The mortality among the babies this summer past, has been frightful. If an intelligent understanding of hygienic management and proper pabulum had been given them, the summer complaint would have been largely averted; at all events, it would have been far less grave, and seldom fatal. It is estimated that one-twentieth of all deaths, the summer past, were of infants. Of course most of them were of those whose surroundings were bad, and care worse; but still many well-to-do families lost their babes. The trouble attends continued high temperature, and generally dentition added. The excessive heat affects the nervous system and thereby affects digestion; and if the child happens to be bottle-fed, cholera infantum is almost certain to supervene. If so grave a disease does not develop, diarrhea will at least.

The ferments are active in hot weather, and multiply and elaborate their poisonous products, which cause enteric diseases.

Precautions and preventive measures are keeping the babies cool by frequent bathing in tepid water, and giving plenty of cool boiled water to drink. Give considerable time and pains to this, for probably it will do away with the necessity of giving all of your time, plus a great deal of anxiety to a sick infant. If the infant is fed at the breast, the mother should take the very best care of herself, by keeping cool, clean, and quiet. If she worries and get overheated and nervous, or exhausted by overwork, her milk is unfit food, and there will be two sick.

If artificially fed too much care cannot be taken to have the bottle sterilized, and rinsed out with soda water. The milk should be cooled thoroughly, immediately after it is taken from the cow, and kept well covered in a cool place. Dirty cows, dirty dairy barns, dirty hands, and dirty refrigerators, kill more infants every summer than from any other cause.

The sine qua non against cholera infantum is cleanliness, coolness and pure food!

Infants often famish for water, and they need it as much as adults, but it should be boiled and cooled.

Keep the baby in the open air in the shade, and dress it cool, except a light flannel band about the stomach. If the baby is suddenly taken with diarrhea and vomiting, stop its milk at once and feed it barley meal, white of eggs, and do not give it milk again till diarrhea is checked.

With proper feeding and keeping them cool and clean very few babies will get cholera infantum. Summer diarrhea is easily controlled, and the writer has been practicing germicidal enemata, instead of stomach treatment; and has had very satisfactory results. The first appearance of summer complaint is the signal with me for injection of a pint of sterilized water, in which a dessertspoonful of glycothymoline is mixed. I repeat it two or three times a day.

THE THERAPEUTICS OF TUBERCULOSIS.*

WILLIAM PORTER, M. D.

ST. LOUIS.

A large part of the therapeutics of tuberculosis is its early discovery. I would insist on the careful study of the deductions made by Dr. Gray who has preceded me and the value of early diagnosis as a part of successful care. The physician who has discovered foci of infection in a lung three months earlier than another less careful, has twice the opportunity for accomplished arrest or cure. Even where the general symptoms are those of tuberculosis and the results of laboratory tests and physicial examination are absent, it is better to give the patient the benefit of the doubt and keep him under observation for a time. The treatment of tuberculosis and that of many of the early nontubercular conditions may be so nearly the same in the beginning, that positive differentiation may be delayed for a short time, provided always, that the physician is doing all that he would do were the proof complete, a negative diagnosis is much more difficult than an affirmative one.

GENERAL INDICATIONS.

There are some directions that may be given in almost every case to meet condi-

*Abstract of an address delivered before the Southern Illinois Medical Society at Mt. Vernon, Ill., Nov. 3d, 1911.

Digitized by Google

tions that are generally present. They are important, as they form the basis of care, having a direct influence on the restoration of normal functions.

Rest.—Absolute rest and quiet is necessary when there is temperature. My patients are in bed if there is an afternoon temperature of 101 deg. and forbidden exercise if it is above normal. The slightest amount of physical or mental effort or excitement of any kind may so increase the pulmonary circulation that absorption from the foci of disease results with all of its attending evils.

Exercise—On the other hand exercise, very moderate at first and continually increased may be permitted where there is a normal temperature. In fact such exercise as will gradually develop respiratory function and capacity, and heart and muscle tone is necessary, but only in afebrile cases.

Open air is a positive need in all cases. The amount of healthy pulmonary structure is lessened, the free exchange of oxygen for the cast-off products of disintergation is hindered and normal function is restrained. The demand is for pure air every hour in every day, all the year, nor should this be advised in a half-hearted way. I find that patients who sleep "outside" soon require less bed-clothing, keep warm more easily and are less subject to "colds" than those who sleep in so-called well ventilated rooms with windows and doors open.

A tent should not be used unless it is floored and drop curtains on every side. A damp, close tent is the worst of all places for the consumptive. I like best the porch where it can be screened in summer and protected by canvas curtains hung at the sides. If there is no roof, an awning may be substituted. Some of my patients sleep on a mattress resting on a hammock made of barrel staves. A rope may be extended three or four feet above this hammock and a canvas cover thrown, tent-like, over it. The porch, however, is better. Paper or oil cloth should always be placed under the mattress in winter. A light headdress should be worn in cold weather. I can point to over one hundred cases who —to my certain knowledge—are sleeping out of doors summer and winter in our Missouri climate and not one of them would be willing to change for an inside room. A jug full of hot water may be placed at the feet in very cold weather.

Food.—This is a subject that has received much attention and we have many scientific rules and menus for the consumptive. After considerable experience in the feeding of the sick I must decide against overfeeding. It is not what a patient eats but what he assimilates that is of value. Thorough mastication is necessary. A moderate lunch of egg and milk or its equivalent may be given early in the morning and between meals. A varied diet is best, but pies, pickles, etc., should be forbidden except in small quantities at long intervals. Rapid increase in weight is not desirable. If the patient is gaining weight with three meals a day it should be enough.

Dress.—For the ambulant patient the clothing should be warm but not heavy, should fit loosely but comfortably. The lower limbs of women should be well protected by "tights" and "bloomers," but heavy skirts should be avoided. They tire but do not protect. Much clothing about the chest and neck should be avoided. The dangerous and dirty "chest protectors" are happily going out of fashion. If there is need for an additional protection about the chest a thin silk handerchief may be placed beneath the under-garment.

Home.—The one place for the consumptive is home. Home with its comforts, sympathy and care. It is now proven beyond a doubt that patients recover as readily in the Mississippi Valley as elsewhere, provided they live right. Granted a small advantage in some climates, it is not an equivalent for nostalgia, worry incident to travel or unaccustomed surroundings, not to speak of the physical and financial expense. There is no more need that a consumptive should be exiled than a patient with typhoid fever.

SPECIAL INDICATIONS.

There are some special indications I would speak of. The first of these is:

Fever.—The amount of fever does not depend upon the amount of lung involvement as upon its violence. Depending as it does, upon absorption of specific germ activity, the care should be for the lessening of the absorption rather than for the diminution of the fever by ordinary febrifuges. Rest is imperative. Digitalis may be given to aid a weakened cardiac contractility and cold compresses may be placed on head, chest and arms. In a few cases I have had benefit from small, repeated, guarded doses of antipyrin. The rapid and feeble pulse of febrile conditions may be improved by digitalis and strychnia with corresponding effect upon the temperature.

Digitized by Google

Cough.—Much of the cough of the consumptive is needless. He should be taught to expel the obstructing masses by slow inhalation and rapid forcile expectoration. Mental control will do much. If there is pharyngitis or laryngitis it should be treated. Frequently an inhalation of 20 or 30 drops of a solution of equal parts of alcohol, chloroform and ether from an open handkerchief will answer and is harmless. Opiates should not be given.

Hemorrhage.—One of the most dreaded and yet often one of the least harmful complications of pulmonary tuberculosis is hemorrhage. Unless the bleeding is due to the perforation of a large blood vessel it can generally be controlled by a compress. A wide bandage should be tightly fastened around the chest. A towel should be firmly rolled up like the kitchen rolling pin and forced under the bandage, and over the site of the lesion, midway between the outer chest wall. If fastened by safety pin and rightly applied it will fix that side of the chest and compress the lung enough to stop the bleeding. This seems a dogmatical statement, but the method has been so successful in my hands in over 300 cases of hemorrhage in hospital and private cases that I now depend upon it. Sometimes a nitrite or small dose of morphia is added, but this is seldom needed. The compress should remain in place not less than ten days and be frequently readjusted.

Constipation and Diarrhea.—Often the bowel muscle is weakened and there is accumulation in the large intestine. Sometimes retention and fermentation give rise to diarrhea. Sometimes there is local infection in the intestine. In any of these cases I have found the enema of normal salt solution valuable. The retention of large masses teeming with intestinal flora among which may be found the bacillus, undoubtedly tend to absorption and consequent high temperature. The normal salt injection removes these masses and seems to have a healthy effect on the functions of the bowel. Its absorption from the bowel doubtless aids in tissue reconstruction.

Medicinal Agent.—Much medication should be avoided. Each case should be individualized. I find in cases of the phlegmatic type that iodine, either directly inhaled from a simple hot-water bath or used by inunction, is of use. Strychnia should be given where there is a weak heart, with digitalis in small doses if indicated. Arsenic can nearly always be given in one of its several forms. During the last three and one-half years I have learned to place confidence in increasing doses of cacodylate of soda by injection. This should be used carefully. The dose cannot be fixed as some patients are more susceptible than others. I generally begin with one grain in normal salt solution.

Tuberculin.—Its value is beyond question in experienced hands but its danger is great. The class of cases in which its therapeutic use is indicated is the non-febrile or cases with little temperature. Its effect should be carefully watched and guided by the thermometer. When the fever shows that the patient is absorbing his own tuberculin why add to the burden by adding tuberculin from without?

The question of auto-immunity is very interesting and where it can be encouraged is a solution of the question of recovery. I believe that the large number of the cases of tuberculous glands and evidence of old pulmonary lesions are proof of auto-immunity having been established and arrest accomplished.

I have been much interested (Journal A. M. A., July 15th, 1911, Vol. LVII, pp. 208-210) in some experiments made under my direction regarding this factor in treatment, but the time is too short to discuss them now.

3886 Washington Ave.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER XIV.

The title of specialist is not always a title of honor; it may be a title of inefficiency. Your specialist, in name, with slight knowledge of general medicine and a smattering of special knowledge, poses as an expert; your specialist, in fact, with wide general knowledge and a studiously acquired knowledge of some specialty, confesses his feeble inadequacy to cope with the multitudinous phases of that specialty.

In none is this more true than in the alienist. Dr. Michaut referring to this specialty says that "it necessitates a universality of knowledge seldom found even in a savant. Psychology, neuropathology, literature, the law and history of celebrated cases, the theatre and the romance, philosophy, comparative anatomy, anthropology

Digitized by Google

and ethnology, ought to be well known to the alienist desirous of making progress in this science."

Granting that a man is otherwise well-qualified as an alienist who among us is of sound mind? We pass for sane people because we act like other people, but we all have our innocent fads which may become a positive although harmless mania. We cannot even formulate an average of character; we must allow for variations of temperament within a certain limit; we excuse one man's violent and irascible temper because he is so nervous and high-strung, you know, while the man who takes the same things cooly and with equanimity is dubbed cold-blooded or phlegmatic; while the man who believes himself the pink of perfection looks upon both as unbalanced, because the one is too greatly exercised over a thing which the cold-blooded man takes, in his opinion with o'er slightly consideration of its importance.

During the course of a trial, in 1832, Sir Frederick Pollock asked Dr. Haslam if Miss Baxten was of sound mind? He replied, "I never saw any human being who was of sound mind." To this same question, repeated twice, he answered at first, "I presume the Deity is of sound mind, and He alone." And again he said that Miss Baxter was "competently sound." To the question, ' Is she capable of managing herself and her affairs?" he answered "I do not know what affairs she has to manage."

Dr. Haslam's answers were manifestly skillfully evasive but there is an element of truth in them. Our sanity may depend upon our condition, what we have to manage with. Let a pauper be suddenly enriched and the chances are that he will change his competently sound mind, hitherto exercised only in maintaining a precarious existence, into a very unsound mind, lavishing his wealth upon the most irrational things.

Sanity therefore seems to depend to some extent upon our condition in life and its constant equilibrium within limited points of change. Sicknesss is one of the elements which disturb this equilibrium beyond its limits, and hence the physician, whether in general practice or limited to some specialty, must perforce minister to minds diseased as well as to bodies.

While we may not call nervousness and hypochondriasis actual conditions of insanity they are so near allied to it that they call for special skill in their treatment. Such cases try the physician's patience, kindness, and forbearance to the utmost and yet the groundless prejudices with which he is opposed must be treated with gentleness and the wayward whims be borne with patience.

For such patients, if they recover their bodily health, are upon the threshold of a broad beyond peopled with dread chimeras with the ominous legend graven upon the archway, "lasciate ogni speranza, voi ch'entrate,."

If we grant that it is only a weak mind that gives way to extreme anxiety, in the one case, or extreme melancholy and despondency on the other, we must also realize that we have a duty to perform as friend and counselor, to wrest such patients from the greater evil which may be engendered, that of pronounced and indisputable mania or insanity.

Perhaps the little note that Dr. Burder wrote to a patient affected with hypochondriasis may illustrate the method: "I must also earnestly entreat my patient most steadily to resolve to resist to the utmost every unfounded idea of inability to walk, or use other moderate exertion, remembering that we are not warranted in expecting the Divine blessing on medical treatment, unless we ourselves employ all the means we possess of counteracting morbid feelings and vain imaginations. And surely, where an inability of resisting such painful apprehensions is deplored, it is our duty to seek and humbly to expect strength from Him 'who giveth power to the faint, and who raiseth up them that are bowed down.' But then we must do our best, and not yield to visionary fears."

A Ten-Mile Endurance Test for Naval Officers.—Beginning with the new year, every officer of the U. S. Navy, whether afloat or ashore, will be obliged to take a ten-mile walk once a month to prove his fitness for continued service. The walk must be completed within four consecutive hours. Before taking the first monthly walk in each year the officers will be examined by a medical board who will determine whether or not they may take the exercise without danger. If the officer is physically fit he will start on the walk and within three hours, if practicable, after the walk is completed the same medical board will again examine him to determine what effect the exercise has had. Officers serving in the tropics will be obliged to take a walk of only six and two-third miles instead of ten. Any officer who is found by the medical board to be unfit to take the walk or who fails to complete the ten miles, for physical reasons, will be ordered before a retiring board.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D, Editor

EDITORIAL ASSOCIATES:
DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Death of Dr. Walter Wyman.

Dr. Walter Wyman, Surgeon-General of the United States Public Health and Marine Hospital Service, died at the Providence Hospital, Washington, D. C., on the morning of November 21st. The direct cause of Dr. Wyman's death was a carbuncle, from which he had been suffering for about four weeks, but which had occasioned no apprehension up to within three or four days of his demise. His general health had not been good for several months and it appears that his powers of resistance were not sufficient.

Dr. Wyman was for many years a resident of St. Louis and always maintained his citizenship here though, as a fact of actual residence, his multitudinous duties made his visits to his home city short and not overly frequent. Dr. Wyman was unmarried. He was born in St. Louis in 1848, and graduated from the University of St. Louis in 1866. He also had degrees from Amherst, St. Louis Medical College, Western University of Pennsylvania and the University of Maryland. He had been in the Marine Hospital Service since 1876, serving at St. Louis, Cincinnati, Baltimore, New York and Washington.

He was supervising surgeon general of the Marine Hospital Service from 1891 to 1902, and since July 1, 1902, had been surgeon general of the United States Public Health and Marine Hospital Service.

Always giving special attention to physical conditions affecting the merchant marine, Dr. Wyman had been instrumental in having many laws passed for the benefit of the seamen and had been active in bringing about the establishment of sanitariums for consumptives and leprosy investigating stations.

He was author of numerous pamphlets connected with public health and a number of the leading American and international medical societies.

Dr. Wyman was the only president of the American Medical Editors' Association who ever died holding that office in the thirty years' history of the association. He was elected last June in Los Angeles, Cal.

The surgeon general is survived by his mother, Mrs. Edward Wyman, of St. Louis; three brothers, Henry P, and Frank of St. Louis and Arthur Wyman of Chicago, and one sister, Mrs. Florence Richardson of St. Louis.

Dr. Wyman's body was brought to St. Louis for interment. The funeral was held in the First Presbyterian Church on November 24, and the burial was in Bellefontaine. Members of the St. Louis Medical Society and the Medical Society of the City Hospital Alumni attended in a body, going from the church to Bellefontaine Cemetery, where the burial was in the family lot.

The chancel of the church was a mass of floral offerings from societies and associations, as well as friends. There were offerings from George B. Cortelyou, collector of the port, New York; the District of Columbia Society of the Sons of the Revolution, the Pacific Coast Health and Marine Hospital Service, St. Louis Medical Society, officers of the Public Health and Marine Hospital Service in St. Louis, officers in the service in Washington, D. C., Chicago and New York; the Medical Society of the City Hospital Alumni and the American Medical Editors' Association. Secretary of the treasury MacVeagh, Assistant Secretary of the Treasury Robert Bailey and Dr. James Flynt of the United States Marine Hospital Service at Washington, D. C., sent offerings.

The St. Louis Medical Society's Election.

The result of the annual election of the St. Louis Medical Society was announced at the meeting of the society on November 25th. The following were elected: President, J. H. Amerland; secretary, F. C. E. Kuhlmann; council, Robert E. Schlueter, Frank Hinchey, Philip Hoffmann, E. A. Babler; delegates, Joseph Grindon, L. H. Behrens, L. H. Hempelmann, Oscar H. Elbrecht, Robert E. Schlueter, Percy H. Swahlen, Louis Rassieur, Thos. A. Hopkins. The result is quite what was anticipated and is one which meets with general approval, the officers for 1912 are sure of cordial support from all quarters. Fortunately for the society the rivalry of an election period is generally understood to be friendly and it is a rare thing that the slightest feeling otherwise is shown. An

Digitized by Google

election where there is no opposition is a very tame affair. Those who put a ticket in the field this year in the face of so sure a thing as was the one elected by the society, accomplished what was probably their purpose; they drew out a big vote and added zest to an occasion which would otherwise have been dull.

Another Year's Hospital Collection.

The annual invasion of the city by the host which makes its levy each year for the benefit of charity work at our hospitals has been endured since our last issue. The collectors were less aggressive this year than on some former occasions and the days passed without being unbearably trying for mortal man. The sum collected this year has not yet been announced in its final footing, but it will be something better than $45,000, slightly more than the collection of 1910. So much money should do a tremendous work for good, it no doubt will, but we shall always feel that its distribution should include those hospitals connected with schools where almost all the work is out and out charity or near charity and where there is always great need.

The "Practice of Medicine."

The recent decision of the Missouri Supreme Court defining what shall be understood under law as the practice of medicine promises to lead to much litigation if followed out as some predict. It is unquestionably the purpose of the court that the State Board shall not be hampered and hindered in its efforts to clear the state of fakirs and unlicensed physicians; we can hardly believe that it had contemplated applying the rule to Christian scientists much as we believe that it should be so applied. Be this as it may, unless some higher power than the Missouri Supreme Court intervenes, our State Board now has authority over those who treat disease for pay in the state. With lesser individuals this means either an exodus or a change of occupation; with Christian scientists it will mean a fight, and a bitter one. Its a great thing, this making a religion of a system of practice, it makes every one aligned with it ready to fight its battles and convinced that any effort tending to its regulation or control is an invasion of sacred and inalienable rights. We will see what we will see.

Dr. John T. Logan, a practitioner in St. Louis for the last 30 years, died Wednesday, November 28th, at the Missouri Baptist Sanitarium from the effects of a stroke of paralysis sustained a year and a half ago while taking part in an election at the Elks' Club.

Dr. Luther M. Perkins died at Tacoma, Wash., September 27, from locomotor ataxia after an illness of several years. He was born fifty-six years ago in St. Genevieve county, Mo. He obtained his medical degree from the Missouri Medical College, St. Louis, and was afterward a member of the faculty in that institution. He went to Tacoma several years ago and practised until the condition of his health caused him to retire.

Conservation of Infants.—The members of the Chicago Medical Woman's Club, at its meeting, November 9, are said to have pledged themselves to take maternity cases at the same figures asked by midwives. The club is making an effort to raise the standard among midwives by securing more stringent regulations for licenses, more thorough inspection and more severe penalties for violation of laws.

Aviation Victims.—With the death of Ely on October 19, the list of persons killed in aeroplane accidents has reached 101, of whom seventeen were Americans. The first person to be killed through an accident to an aeroplane was Lieut. Selfridge, who died in 1908, the only victim that year; but in 1909 there were 4, in 1910, 32, and so far in 1911, 64 deaths. Only one woman, a Frenchwoman, is included in the list.

Dr. Thos. G. Atkinson, Professor of Neurology and Physiology, American Medical College, will deliver a series of special lectures as follows: December 11, Evolution; January 8, 1912, Heredity; February 5, 1912, Developmental Pathology. The lecture on Evolution will be a wholly new presentation of the subject, embodying the most recent doctrines of Henri Bergson. The lecture on Heredity will also present an entirely new view-point, based on the latest theory of Mr. Francis Darwin. The lecture on Developmental Pathology will deal with an aspect of medical service growing out of the other two. These lectures will be delivered in the amphitheatre of the American Medical College, Lawton and Garrison avenues, at 8 o'clock in the evening. Everyone is cordially invited to attend, including scientists and laymen, ladies and gentlemen.

Digitized by Google

SALVARSAN—606

Methods of Administering Salvarsan.—(By Dr. Hernandez Sampelayo, Revista de Med. y Cir. Pract., May 14, 1911; Ref., The British Med. Journal, September 23, 1911.)—The author speaking at the Academia Medico-Quirurgica Espanola said that on the first introduction of salvarasn there were various authors—Michaelis, Treupel, Iversen—who employed methy alcohol in making the solution. At the Konigsberg Congress last September this method was unanimously condemned. Guth attributed to it some cases of amaurosis. The intramuscular method in use at the present time was made practicable by the employment of soda to render the solution neutral or faintly alkaline. In the early days most of the methods of preparation in use resulted in a solution strongly either acid or alkaline. This was followed by much pain and other unpleasant consequences. The method employed at the present day for intramuscular injection was chiefly that of Alt-Marks; the dose of salvarsan was dissolved in hot water, neutralized or made faintly alkaline by the addition, little by little, of a solution of soda, and adding water to make up the bulk to 20 ccm. This was divided between the two gluteal regions. Wechselmann, Volk and Kromayer were the first to employ emulsions with the object of diminishing the bulk of the injection. The emulsifying agents were various. Rosenthal used veronal, others paraffin, petrovaseline, and olive oil. The method was really originated by Lang in the case of calomel and salicylate of mercury. The injection may be made between the muscles—inter-muscular. Loeb injected into the scapular instead of the gluteal region, but the author believes that pain, abscess, and necrosis are more frequent in that case. He contends that it is impossible to ensure the absence of these untoward consequences of intermuscular or intramuscular injection, and in spite of the greater complexity of the technique, he prefers the intravenous method. The salvarsan is added to 50 ccm. of saline solution (0.9 per cent), and soda solution added gradually until complete solution is attained. The volume is then made up with saline solution to 300 ccm. All the numerous instruments invented to perform intravenous injection are modifications of two instruments—the irrigator of Weintraut and the syringe of Schreiber. One of the best was that of Azua. Another very useful and ingenious piece of apparatus (shown) was that of Gerada. Finally, salvarsan may be used locally in an acid solution of one per cent, with which surprising results have been recorded.—Post-Graduate.

A Death from Salvarsan.—On October 31, Dr. Gaucher, clinical professor of cutaneous and syphilitic diseases at the Faculte de medecine de Paris, reported before the Academie de medecine the case of a young man, 19 years old, who entered the St. Louis hospital in the service of Dr. de Beurmann, having an indurated chancre of the frenum, a month old, accompanied by a double indolent, inguinal adenopathy. This patient who was free from all visible lesions received an intravenous injection of 0.6 gm. of salvarsan. A quarter of an hour later he was seized with vertigo and a little later with vomiting and elevation of temperature. The next day his condition was normal. Two days later a new injection was made, which was followed by vertigo, headache and greenish vomiting. This vomiting persisted the next day and was accompanied by epigastric pain. The day after that in the afternoon the patient was seized with convulsions, first tonic, then clonic epileptoid, with frothing at the mouth. At 4 o'clock he was in coma and died two hours afterward without having regained consciousness. At the necropsy all the organs except the kidneys were normal. The kidneys were increased in volume, hard and congested. Microscopic examination showed lesions of acute nephritis with epithelial degeneration and tubular rupture. In short, the patient had succumbed to a hyperacute arsenical intoxication and died of uremia caused by degeneration of the kidneys.—Paris correspondent J.A.M.A.

Merjodin and Salvarsan.—(By Dr. Maximilian v. Zeissl, Wien. klin. Rund., No. 18, 1911; Ref., The British Med. Jour., September 23, 1911.)—The author, in an article dealing with the salvarsan treatment of syphilis, with the formation of depots after mercurial injections, and with nerve symptoms in the early stages of syphilis, describes the experience he has had of the combined use of merjodin and salvarsan, and warmly recommends it. Merjodin has been on the market in the form of tablets since 1909. Each tablet contains di-iod-phenol-parasulphate of mercury, corresponding to 0.0021 gram of iodine and 0.0033 gram of metallic mercury. The author has been able to test the preparation on a large scale, as it was supplied to him for this purpose from Trommsdorff's manu-

Digitized by Google

factory. He found that it was well borne when given in doses of from 3 to 10 tablets after food, and that the patients seldom complained of stomach or intestinal symptoms. The appearance in one case of an iodine acne showed that the iodine is an effective part of the preparation, although the action of the mercury is the greater. In such a combination the mercury forms the bactericidal element, while the iodine deals with the endotoxins; H. Zeissl has already pointed out the importance of iodine in early syphilis. The only change of diet needed during the treatment is the exclusion of anything likely to cause diarrhea and abdominal pain, as, for instance, vinegar and lime juice. The author has given merjodin since 1910, when he began to make use of salvarsan in all cases in which after salvarsan relapses occurred or in which no salvarsan treatment or application of mercury beneath or upon the skin could be carried out; in all he has treated 200 cases of syphilis with merjodin, with good result. In one case it caused the rapid disappearance of an ocular muscle paralysis, and in another recovery from a syphilitic gonitis. In giving merjodin, as in any other form of mercurial treatment, care of the mouth is needed.—Post-Graduate.

Salvarsan in Malaria.—Iversen and Tuschinski (Deutsche Med. Wochenschrift, January 19, 1911) investigated the action of salvarsan upon the malarial parasite. Their first report was based upon five cases of tertian fever, in which they had given 0.4 gram of salvarsan intravenously with excellent results. In the present report, the authors summarize their experience in 61 cases, presenting a great variety of malarial affections in persons of various nationalities. The remedy was given intravenously, as well as by the combined method; namely, by following the intravenous injection two days later by an intramuscular injection of an alkaline solution. The dose given intravenously, was usually 0.5, while intramuscularly, 0.3 was injected. The following conclusions were reached by the authors as the result of their experience: Salvarsan, when introduced in a single dose of 0.5 intravenously, produces a specific action upon every variety of malarial parasite. In tertain fever, the parasites usually disappear after from 12 to 48 hours. The attacks cease. It is impossible to say, however, whether or not this effect is permanent. It is best to combine the intravenous administration of salvarsan with the intramuscular. In quartan fever the action of the remedy does not last, even after a dose of 0.8 gram. In the tropical form, doses from 0.5 to 0.8 can only produce a temporary disappearance of the ring-forms from the blood. The crescent form does not disappear, although it may become temporarily modified in shape and staining properties. In some cases of tropical malaria, a so-called contrary effect was noticed. After a temporary lowering of the temperature, a diminution or complete disappearance of the ringshaped parasites from the blood, there takes place a distinct turn for the worse in the patient's condition, with a reappearance of rings and crescents in large numbers.—Med. Rev. of Revs.

OBSTETRICS

Something about the Amniotic Sac.—(By Dr. E. K. Free, Billings, Mont.)—At four and a half months the human fetus becomes viable. This interesting event is controlled more by the mother's physical condition than by the almanac. Some mothers are sticklers for quickening at four months, and seem to glory in their ability to beat the schedule two weeks. They would not understand the significance of anatomical facts. There is no nerve route through the placenta and cord to set up reflexes. Any communication that is direct must be wireless.

If the mother could prove that pregnancy was the result of a single act there are still a few items in the account that can only be seen as in a glass darkly. Time is required for the male element to travel from the os uteri to the fundus, which is the location for normal fecundation. The female element may have about the same distance to travel along the fallopian turnpike. These affinities may not begin their journeys at the same date; perhaps not on the same day. No investigator has yet set a hard and fast limit to the life of either element. Observers of the fecundated hen's egg know how long its freshness makes it valuable for hatchings. It is edible long after incubation is a lost art.

Quickening seems to stimulate growth in the amniotic sac. It is pushed down ahead of the fetus, which resembles a little sucker on the end of the umbilical lifeline. Occasionally the obstetrician gets a chance to study the situation by finding a fetus of several months growth inside of an unruptured sac, after premature delivery.

Digitized by Google

Dropsy of the amnion is a possibility. In a recent case which terminated favorably because the medical adviser had sense enough to admit to himself that he did not know what to do and therefore "expected," the enlarged uterus apparently caused facial neuralgia and loose teeth. Another symptom belonged in a class by itself: the mother was fully persuaded in her own mind, and convinced the attendant that she was carrying twins. It was a mental phenomenon without basis of fact, but she could feel and describe pronounced motion on one side at a time. The Bible of midwifery of course is the uterus. Who can speak with the voice of authority if not the woman who is carrying the child?

Too much amniotic fluid suggests the plan of puncturing the tire of motherhood. Possibility of repair is what restrains the hand with the trocar. Penetration of the uterus under antiseptic conditions would be as safe as an exploratory laparotomy, and perhaps with the uterine wall as collateral security no untoward result would follow puncture of the amnion. There would be danger in the introduction of a needle point into the exposed part of the amnion from the os.

Nature makes more use of mechanics in her creative actions than we were formerly inclined to admit. When the phonograph was discovered it had a stimulating effect on physiology. Strange that observers of the laryngeal function should step over a buried fact that Edison finally uncovered.

The amnion is attached to the uterine wall at the placental site, and is freely movable everywhere else. It is lubricated by the mucous secretion from the endometrium. Here is a typical serous membrane fed by the placenta. A placenta is a sort of subsidiary heart, into which blood can flow more easily than it can be withdrawn. Obstruction has the effect of permitting or else forcing the internal surface of the aminon to abstract the serous part of blood. Perhaps the contents of the amnion represent a definite secretion as certainly as that from the kidneys. But the hard headed clinician is inclined to hold fast to the conviction that if the fluid of the peritoneum or the pleura, or of a synovial sac could exchange locations with the amniotic fluid pregnancy could go on to term.

Fetal viability is warning that degeneration is impossible. Moist heat would soon start the process of pathologic digestion in a fetus without life. Nature has recourse to the expedient of coating the growing child in the amniotic sac with an impervious covering.

CORRESPONDENCE

A TRIBUTE TO DR. DALTON.

New York, Dec. 1, 1911.

Editor Medical Fortnightly:

Dear Sir.—To your editorial on the death of Dr. H. C. Dalton may I add my small tribute of admiration and respect for him as a surgeon and a man. He was at one time a student with me, and later his work was such that I felt as if I were the student and he the teacher. What a pity that such useful men could not fill out the years allotted by the Psalmist.

JOHN A. WYETH.

MEDICAL NOMENCLATURE.

Editor Medical Fortnightly:

I am thankful to you for your editorial in your issue of November 25th, because it gives me an opportunity to emphasize what I have said repeatedly that there can be no difficulty whatever to correct our faulty nomenclature. I have never suggested to change by command the terms in common use as erroneous, incorrect or ridiculous they may be. All I wish to be done is the publication of a lexicon which I have prepared, in which the correct terms can be found along with the incorrect ones now in use, so that we may know what is correct and what is not. We can leave it to medical writers to introduce in literature the former, exactly as they have done to some extent since I have called attention to onomatological horrors. If the brethern would only read my book, "Medical Greek," I would not be obliged to repeat again and again what I have said there, for instance: "Whoever has familiarized himself with a correct and elegant term will find it more and more intolerable to name a scientific conception by a Greek—or Latin—like sounding word—monstrosity," and I am certain every medical writer is anxious to write elegantly and will find delight in using the better terms as soon as he has learned them—seen them in the lexicon. I often said no confusion, no difficulty need to be feared when writers take pride, when it becomes the fashion to use elegant and correct terms in place of ridiculous and incorrect ones. As a matter of course we will have to add in parenthesis the terms which thus far have been in common use—for instance, oxytetosis (acidosis). He who sees the correct word for the first time will consult the lexicon there he will find both under acidosis and oxytetosis the following explanation: Acidosis is hybrid acidum (L.)

Digitized by Google

osis (G.) the correct Greek term is oxytetosis from oxytes, oxotutos, acid, acidosis, as a Greek word, would mean a disease characteristic in point or points, that however would be nonsenical.

Balantionitis (bursitis). Bursitis is hybrid and ridiculous (bursa L., itis G.) the correct Greek name is balantionitis from balantion the purse. Who will write any more cymograph after he has learned that this is ungrammatical: kyma, kymatos the wave, therefore cymetograph.

Dodecadactylis (duodenitis) the correct Greek name is already in use. Duodenitis is not only hybrid but is a word without sense. Duodecim is twelve, while dodecadactylon means twelve fingers, and meant is: enteron of the length of twelve fingers breadths the word enteron is omitted exactly as in other terms in which the adjective is made a substantive, and the substantive belonging originally to it understood but not expressed, like nephritis nosos, a sickness in which the kidney is affected is simply called nephritis. Thylacitis (folliculitis) there we have a Greek-Latin-like sounding word monstrosity, while the elegant Greek term from thylacion has even the advantage of being shorter.

A lexicon as described has been prepared with absolute correctness in regard to Greek and Latin terms, was secured with the aid of Greek physicians who are also philologists, but how am I to find a publisher as long as there is such general opposition on such grounds as mentioned in your editorial, which in reality are invalid from a practical as well as from a scientific point of view. Every serious physician should welcome a solution of a difficulty which has been complained of these hundred years. But all this I have so often, in so many papers, spoken of that I may be permitted to confine myself to reference to my writings.

A. ROSE.

American Institute of Homeopathy.—At the recent annual meeting of this national organization of homeopathic physicians, the following officers were elected to serve for the ensuing year: President, Dr. T. H. Carmichael, of Philadelphia; first vice-president, Dr. W. H. Dieffenbach, of New York; second vice-president, Dr. Clara E. Cary, of Boston; secretary, Dr. J. Richey Horner, of Cleveland; treasurer, Dr. T. F. Smith, of New York; registrar, Dr. W. O. Forbes, of Hot Springs, Ark.; honorary president, Dr. G. B. Peck, of Providence, R. I. The next annual meeting will be held at Pittsburgh, Pa., June 17 to 22, 1912.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

Twenty-fourth Annual Meeting, held at Omaha, Neb., September 7 and 8, 1911.

(Continued from page 494.)

The Advantages of Malt Soup over Lactose in Infant Feeding.—Dr. Frank C. Neff, of Kansas City, Missouri, said it was no longer tenable that milk sugar was the best for carbohydrate addition to milk. According to all investigators, whose work he had known, it was more toxic than the other sugars, and had less influence on the body growth. Malt sugar had proved in his experience to exert a good influence upon the character and frequency of the bowel movements in infants where the infant during the administration of milk sugar had been constipated. Many infants gained in weight when a change was made from milk to malt sugar. Given in combination with flour and potassium carbonate in the so-called malt soup, malt sugar furnished a simple, nourishing, and easily digested addition to cow's milk.

Dr. H. M. McClanahan, of Omaha, said that there were a certain number of bottle infants who had an idiosyncrasy to some kind of milk sugar and did not do well upon modified mixtures. Malt sugar was a distinct addition to the armamentarium, and was in many cases a life saving measure. He recalled distinctly seeing an infant from another city that was thoroughly well fed in every way, and he believed that the idiosyncrasy in this case was due to the child being unable to properly digest its food, and it was placed upon a modification of Kellar's malt soup, as prepared by a firm in Chicago. It had been satisfactory with the right amount of potassium and carbonate, and in the home it was easy for the mother to make it. It was a distinct advance in pediatrics. There was one thing the physician should remember, namely, that modified milk of any kind, when carried to the baby was dead food; whereas the food Nature intended was living food. Therefore, some babies could take care of living food who could not take food and digest it.

Dr. L. W. Littig, of Davenport, Iowa, said that for quite a number of years, whenever he was called to see a baby that required artificial feeding, he had suggested that it be fed according to the rules of Schlmerdine. Schlmerdine told how much lactose must be added to the mixture for the day in order to get the required per cent of sugar.

Digitized by Google

Open Conservative Perineal Prostatectomy.—Dr. J. T. Axtell, of Newton, Kansas, described a modification of the Young operation for the removal of the enlarged prostate and said in the preparation of the patient for operation it was advisable to give large quantities of water and have a free flow of urine from the kidneys. Urotropin was usually given for a few days. Irrigation of the bladder should be used continually or intermittently, according to the amount of hemorrhage, for a day or two, and if all went well the drainage tubes might be removed on the second or third day. The patient should be encouraged to drink all the water he can take. The urine would drain through the perineal wound a few days, but soon came more and more through the urethra until in from one to three weeks it usually was all passed naturally. The wound healed very readily. His results had been quite satisfactory. The average time in the hospital had been three weeks after operation. There had been no incontinence of urine or stricture, and sexual power was usually preserved. Obstruction to urination had been removed in all cases. In summarizing, he said that drainage was nearly perfect; every step of the operation was clearly seen. Practically all important structures were preserved. The results were probably as satisfactory as from any prostatic operation.

Dr. E. W. Powell, of Omaha, said in the majority of cases he had had he had been compelled to use the sound afterward, and he wondered as to the ages of the patients the doctor operated upon.

Dr. Axtell replied that he had operated upon several patients who were over eighty years of age, but he had not used the sound in more than about ten cases. He did not use the sound afterward, as he had not found it necessary if the urethra was thoroughly dilated at the time.

Dr. A. C. Stokes said the chief objection he had to the Young operation was the statement that the prostate could be brought into view. In a certain number of cases this could be done, but in a number of others he did not believe it could. If one had an old prostate to deal with, that had been infected for along time, and there was a certain amount of periprostatitis and adhesions to the rectum and tissues around the prostate, he had had trouble time and again to get in where he could see it. He thought the consensus of American surgeons today was rather toward the suprapubic operation for the general surgeon rather than the perineal.

Dr. Donald Macrae said the men he had operated upon had been past seventy years of age. For a number of years he had followed the practice of the late Dr. Goodfellow, who had described a simple method of performing this operation.

Dr. D. S. Fairchild said that prostatectomy was always to him a serious operation. There were some prostates that could not be removed by the perineal route with satisfaction, particularly in cases where the growth extended up into the bladder. In those it was better to make a suprapubic operation, and in cases where there were adhesions, where there had been repeated attacks of inflammation, it was better to do the operation recommended by Dr. Young or Dr. Axtell, because it afforded an opportunity of seeing what one was doing. The digging out of the prostate without being able to see what one was doing was a serious matter.

Oration in Surgery.—This was delivered by Dr. George S. Crile, of Cleveland, Ohio, who selected for his subject The Origin of Treatment in Graves's Disease, which was illustrated by numerous stereopticon slides. Dr. L. Harrison Mettler, of Chicago, followed with an address on Neurology and Sociology.

Nonparasitic Cysts of the Liver.—Dr. W. T. Reynolds, of Kansas City, Mo., read a paper on this subject in which he reported a case of nonparasitic cyst of the liver.

The Nature and Cause of Morbid Anxiety.—Dr. G. A. Young, of Omaha, reviewed the literature of the subject, and discussed the instinct of fear and its biological importance as a protective reaction. He also discussed the relationship of fear and desire, and Freud's theory of the role of the sexual instinct in the neuroses.

Dr. Arthur E. Hertzler, of Kansas City, Mo., discussed the diagnosis of appendicular inflammation in young unmarried women.

Tumor of the Brain.—Dr. A. L. Skoog, of Kansas City, Mo., reported a case of tumor of the temporal lobe of the brain, and exhibited the specimen. The tumor was said to have been of thirty years' duration. Its origin was in the pia or arachnoid over the left temporal lobe. The patient, a woman, 42 years of age, had had optic atrophy with blindness for several years. According to the pathological report, the tumor was an endothelioma.

Tonsil as a Portal of Infection.—Dr. James M. Patton, of Omaha, discussed the tonsil as a portal of infection, with especial reference to the cervical glands. He spoke of

Digitized by Google

the anatomical relations of the tonsils to the deep superficial cervical glands, and said that tuberculous and nontuberculous cervical adenitis were secondary to inflammation of the tonsil.

The following papers were also read: The Retraining of the Human Animal for the Restoration of Health, by Dr. Henry S. Munro, of Omaha; The Role of Cerebrospinal Fluid Examination in the Diseases of the Central Nervous System, by Dr. A. D. Dunn and Dr. George A. Stevens, of Omaha; Primary Carcinoma of the Bronchus and Lungs with Consideration of the Differential Diagnosis, by Dr. Walter L. Bierring, of Des Moines, Ia.; Eczema, by Dr. L. A. Merriam, of Omaha.

CLINICAL SOCIETY OF NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

Meeting November 6th, 1911.

Dr. Packard presented a case of caisson disease simulating locomotor ataxia.

The patient a man 55 years of age, came complaining of chronic rheumatism. His history was unique: Was perfectly well until ten years ago, when he began to work in the tunnel. This resulted in an attack of caisson's disease, with lightning pains in the right leg and thigh. There were no other symptoms, and after recovery he returned to the caisson and continued to work until a month ago. During his work in the tunnel he had four or five attacks.

Examination showed him to be suffering from a peculiar type of caisson disease, which resembled locomotor ataxia. The symptoms were Argyle-Robinson pupil, Romberg's sign, lightning pains in right leg, some pain in left, and an osteo-arthritis of the knee.

The question arose as to whether he was suffering from syphilis or caisson disease? Wasserman and Noguchi tests were negative as were injection tests of the spirocheta pallida. He denied all history of syphilis.

Dr. Beal said that in his opinion, not all cases of locomotor ataxia were due to syphilis. This case had reacted negatively to Wasserman, Noguchi and to the spirocheta pallida test. From the examination it looked like tabes.

Dr. Gilday thought that 60 per cent was low for specific tabes cases; his own experience has shown a larger percentage. In regard to the value of the Wasserman or Noguchi reaction, preceding or in the stage of tabes, he had had negative reactions despite a positive history of syphilis. He felt that in post-syphilitic cases these reactions were not reliable.

Dr. Gilday inquired whether in post-syphilitic cases the spirocheta pallida had produced a degeneration in the spinal cord, and if so, would the dead spirochetae give a reaction?

Dr. Packard replied that the spirochetae were not dead but dormant, and this condition was what made the injection of "606" effective.

Dr. Sinclair asked if the patient had been drinking any alcohol before the tests were made, as it is well known that if a man drinks a glass or two of whiskey before the Wasserman or Noguchi test are made, they are apt to give negative results. Even one glass of whiskey will effect the test.

CASE FOR DIFFERENTIAL DIAGNOSIS, BETWEEN CIRRHOSIS OF THE LIVER AND CARCINOMA.

Dr. Beal presented this case for diagnosis because he wished to differentiate between enlargement of the spleen in cirrhosis and absence of enlargement of the spleen in carcinoma.

In his opinion with cirrhosis of the liver there is always enlargement of the spleen and with carcinoma never enlargement of the spleen. The patient shown was perfectly well up to May last, when he commenced to fail. In June he fell sick, and since then has lost half his weight. He has been ascitic, and been tapped once, and sixty to seventy ounces of fluid removed. The spleen did not seem particularly enlarged, but just over the pyloris was a hard carcinomatous mass. The man had the carcinoma symptoms, but no pain.

Dr. Packard asked if there would not be bloody fluid in carcinoma?

Dr. Beal replied that bloody fluid was not necessarily present.

Dr. Packard said that in cirrhosis of the liver, blood tinged fluid was rare, unless it was due to the rupture of some small vessel made by the surgeon in entering the abdomen, and so causing a return flow which was blood tinged. In all cases of cirrhosis of the liver, there is enlargement of the spleen, because the portal circulation is obstructed. This case might be caused by a cirrhosis of the liver or carcinoma of the liver. It seemed to him, since there was portal obstruction, cirrhosis might have large spleen. He believed that carcinoma did have an enlarged spleen.

Dr. Strauss thought that care should be exercised in eliminating other diseases of the liver, which might simulate carcinoma and cirrhosis in the case observed. En-

Digitized by Google

larged liver with nodules has shown tubercular abscess on operation.

Dr. Gilday suggested that an exploratory incision might have solved the diagnosis, and it would do no more injury than tapping.

Dr. Tovey asked if Dr. Beal had made a rectal examination, as the Mayo's have found metastasis of the rectum in carcinoma of the liver.

Dr. Reich said that malignancy was usually found with bloody fluid.

Dr. Beal said that in his experience the fluid in cirrhosis was of the same character as that in malignancy. He said he was glad that most of those present found no enlargement of the spleen, as he wished to bring out its normal size in carcinoma.

TWO CASES SHOWING RESULTS OF WHITEHEAD OPERATION FOR HEMORRHOIDS.

Presented by Dr. Dryfus. The first patient came complaining of severe itching and some granulation at the rectum. He had been operated on during the summer by a modification of the Ball operation, but was still complaining of several points of itching. He was in bed for a week or so, with loss of control, which subsequently had been restored.

The other case was operated upon in England six months ago by the regular Whitehead method. This patient came under observation complaining of itching, discharge, pain, with slight blood in the stools. Examination showed what looked like ulcer, but proved to be mucous membrane; too much having been cut off, it had not healed, and the man was continually irritated. The Ball modification of the Whitehead was very successful. Many of the supposed strictures of the rectum were due after a regular Whitehead operation to the sloughing of the mucous membrane. In a primary union this symptom is obviated.

Dr. Lynch said that these two cases had been shown because the one operated upon by the Whitehead method had been told that nothing could be done for him, while as a matter of fact, he was completely relieved by a simple plastic operation.

When dealing with a chronic bone abscess (and often, too, in acuter cases) it saves weeks of after-treatment to work with an osteo-periosteal ("coffin lid") flap, and close the wound completely.—American Journal of Surgery.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-seventh Annual Meeting, held at Nashvile, Tenn., Oct. 17-19, 1911.

(Continued from page 492.)

Diagnostic Aids in Surgery of the Renal Pelvis and Ureter, with special Reference to Pyelography.—Dr. W. F. Braasch, Rochester, Minn.: Radiography, cystoscopy, meatoscopy and ureteral catheterization are valuable aids in diagnosis, but may give an erroneous impression and often be insufficient. With pyelography one may be able to demonstrate changes in the outlines of the pelvis and ureter which accompany most surgical conditions of the kidney and ureter. Hydronephrosis may be accurately determined by the pyelograph. It is particularly valuable with small distention and with marked constriction of the ureter. By using these data one is able to identify renal shadows by inflammatory changes seen in the pelvis and ureter. Stone in the ureter is recognized by the mechanical dilatation above it. Deformity caused by tumor of the kidney may be demonstrated in about two-thirds of the cases. There is not as yet a widespread adoption of the pyelograph, largely because of a lack of technical facility. There is never permanent injury resulting from its use.

Dr. John T. Geraghty, Baltimore: We have used this method of examination for about a year and a half, and have found it of the greatest value in a certain class of cases. It gives a most graphic and striking illustration of the stomach, dilatation of the calyx, twists of the ureter, etc. So far as the kidney and pelvis itself are concerned, we have not been able to get as much information from it as Dr. Braasch has. With the use of the ureteral catheter, with the employment of the pyelograph to estimate the renal function, and with the chemical and microscopic characters of the urine, we can place kidney surgery on just as accurate a plane as any other branch of medicine or surgery.

Diagnosis of Prostatic Obstruction.—Dr. Bransford Lewis, St. Louis: I consider the following features as essential in a diagnosis of such conditions, not only for the analytical study of the case, but as a working basis for treatment: 1. Hypertrophy or not? 2. If so, is it causing obstruction? 3. The amount of obstruction so produced. 4. The form and nature of the condition producing the obstruction. 5. The physical and functionating condition of the allied or-

Digitized by Google

gans, particularly kidneys and cardiac system.

All of these points should be considered and determined accurately before attempting to decide as to the treatment or operation, except for such measures as emergency treatment may call for to relieve acute retention or sepsis, etc.

Cancer of the Prostate.—Dr. Robert C. Bryan, Richmond, Va.: Primary cancer of the prostate may follow one of two general types, namely, the scirrhous and the glandular. Cancer is not infrequently associated with beginning hypertrophy, may originate in a normal and atrophic gland, or in an organ which has been the seat of a chronic prostatitis. One lobe or the entire gland may be involved. The infiltration may form foci so small as to be detected only by the microscope. Carcinoma of the prostate does not result as a degeneration of a previously benign adenomatous process. In every case of senile prostatic hypertrophy the fact of the possible existence of carcinoma must be borne in mind. The prostate itself causes no symptoms in the early stages of carcinoma; the subjective symptoms are given out by the bladder and pelvic organs. The invasion of the disease is so gradual, and the symptoms modified so progressively, that there is an unconscious adjustment of the patient to the condition. The treatment is divided into preventive and curative. Medical treatment is not to be entertained. There seems to be little virtue in the Roentgen ray, Finsen light or radium therapy. Bilateral castration is the operation of choice. In twenty-two cases of twenty-six operated on, the patients regained the bladder functions. The suprapubic operation is to be condemned as the prostatic urethra comes away and gives an unusually good opportunity for the escape of carcinomatous juices. In the second stage of the disease the operator must base his judgment for surgical attack on the degree and type of pathologic invasion.

The Influence of Stricture of the Urethra on the Development of Hypertrophic Changes in the Prostate.—Dr. Hugh Cabot: Stricture of the urethra is markedly antagonistic to the development of hypertrophy for the prostate, owing to the long standing chronic prostatitis which it causes; therefore, no case of stricture ot the urethra in later life, in the absence of enlargement of the prostate may be assumed. The recognition of this fact is important in the management of retention of urine in later life; it has not been sufficiently understood. The management of retention of urine due to stricture, and of that due to hypertrophy of the prostate is radically different and each condition has markedly a different prognosis.

DISCUSSION ON PAPERS OF DRS. LEWIS, BRYAN AND CABOT.

Dr. E. G. Mark, Kansas City, Mo.: We can still further add to the comprehensive diagnosis of hypertrophy of the prostate by means of bimanual palpation. Where we have obstruction, be it from hypertrophy or contraction at the neck of the bladder, we should get away from the idea that the residual urine is increased. In contraction of the vesical neck, we are dealing with a neck below the age of those patients in whom we deal with hypertrophies. We have a compensatory hypertrophy of the musculature of the bladder, and therefore, a lessened residuum.

Dr. Henry J. Scherck, St. Louis: It is important to know when to operate in a case of hypertrophy of the prostate. I have seen a number of cases in which a very large prostate which could be palpated through the rectum produced very slight symptoms of obstruction. It is not always a large prostate that causes obstructive symptoms. Not long since I unfortunately removed a man's prostate, thinking the obstruction was due to enlargement of that organ, but the obstructive symptoms did not disappear. Subsequently it was found that this man had arteriosclerosis of the cord, as determined by a neurologist, which produced the bladder symptoms.

Dr. William N. Wishard, Indianapolis: The cystoscope may become a clumsy instrument in the diagnosis of prostatic hypertrophy. The prostate changes and increases in size; the urethra is usually elongated; it also has changed its angle, and in the introduction of the cystoscope, whose shaft is straight, the end of the shaft where the window of the cystoscope rests must be passed far beyond the vesical orifice and above the obstruction, or it is hard to get any view at all. The canal which, before the introduction of the instrument, was curved, is now straight and on account of the displacement of the vesical orifice there is produced a certain amount of bulging which is misleading.

Dr. W. F. Braasch, Rochester, Minn.: I would call attention to the value of urethroscopic examination in the diagnosis of hypertrophy of the prostate. I am in the habit of using a flexible instrument. It is also of value in the diagnosis of carcinoma involving the prostatic urethra. Carcinoma

Digitized by Google

of the prostate in the majority of cases can be diagnosed by rectal palpation.

Dr. William Britt Burns, Memphis: Dr. Cabot has called attention to the lack of enlargement of the prostate in the presence of stricture of the urethra. That is a point that had escaped my attention, and would like to know how that can be verified. A short time ago had a patient with a very tight stricture of the urethra. I was not able to introduce the smallest filiform bougie. I resorted to suprapubic cystotomy, and in going through the neck of the bladder and opening the urethra in that direction, was struck with the size of the prostate and debated for a short time as to the advisability of removing the prostate, but on account of the condition of the patient I did not do so. In that case there was a large and strong annular stricture at the neck of the bladder.

Dr. John T. Geraghty: I find that carcinoma of the prostate does not arise from a degeneration of the hypertrophied tissue, but it occurs in the portion of the prostate that is left behind. The posterior commissure never undergoes hypertrophy, and you will find there a plateau of tissue when cancer comes, and when associated with hypertrophy you will find cancer on the posterior surface. That is a point of practical importance. When you are doing perineal prostatectomy and have to cut through a dense layer of tissue before you come to the typical hypertrophied lobules, you may be sure you are dealing with cancer because it is the only condition which will give that picture, and it will help us in making a diagnosis if we have not done so before operation.

Dr. William Billington, Birmingham, Eng.: With regard to the operative treatment of hypertrophy of the prostate in England the suprapubic method is practiced more extensively than the perineal. Very large, soft, adenomatous prostates can easily be enucleated through a suprapubic incision, and the patients do well. The cases of small carcinomatious prostate, and those with contraction at the neck of the bladder, present grave difficulties if we attempt to enucleate them by the suprapubic route.

(To be continued.)

A Year's Campaign for the Prevention of Insanity.—The report of the committee on mental hygiene of the New York State Charities Aid Association shows that during the past year 366,000 persons in the state have received a pamphlet entitled "Why Should Anyone Go Insane," issued by the committee, giving some of the facts as to the extent, causes and prevention of insanity. Another feature of campaign has been the sending out of 24,845 circular letters asking co-operation, to physicians, clergymen, teachers, social workers and heads of various organizations. Of these 13,500 went to physicians alone. It is estimated that through lectures, public meetings, magazine articles, pamphlets and letters more than 500,000 persons have been reached. Among new agencies for the treatment of incipient insanity inaugurated during the past year are the out-patient department of the Long Island State Hospital in Brooklyn, the new Psychopathic Hospital at Syracuse, and plans for two clinics for mental diseases, one to be established at Kings County Hospital and the other at the new Gouverneur Hospital in New York City.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Digitized by Google

THE MEDICAL FORTNIGHTLY

Vol. XXXX MONDAY, DECEMBER 25, 1911. No. 12

Papers for the orginal department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

All communications and remittances, should be addressed to the Fortnightly Press Company, 819-820 Century Building, St. Louis, Mo.

Entered at the St. Joseph, Mo., post-office as second-class mail matter.

COLLABORATORS

ALBERT ABRAMS, M. D., San Francisco.
S. GROVER BURNETT, M. D., Kansas City.
H. C. CROWELL, M. D., Kansas City
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago.
FRANK R. FRY, M. D., St. Louis.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
MARC RAY HUGHES, M. D., St. Louis.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
FRANK P. NORBURY, M. D., Hospital, Ill.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M.D., LL.D., New York.
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

ABDOMINAL DRAINAGE.*

C. H. BLICKENSDERFER, M. D.

SHAWNEE, OKLA.

Drainage is artificial or natural. Natural drainage consists of allowing the wound to remain open, providing an easy escape for pus or other wound and infection products; also that known as postural, in which peritoneal drainage is accelerated or delayed by the position the patient is caused to assume in bed. Natural drainage in peritoneal surgery is therefore limited to the two positions known as Clark's and Fowler's. Clark's position is one in which the feet and hips of the patient are elevated, the head and shoulders being lowered while that known as Fowler's is the reverse. Their employment is based upon both physiological and clinical facts.

Experience has demonstrated that when the peritoneum is not extensively injured by trauma or its functions impaired by disease, it can quickly dispose of large amounts of infectious materials including toxins, even to the extent of allowing the patient to die of septicemia instead of peritonitis, as a result of rapid absorption of septic materials from its surfaces. The normal current of the peritoneal cavity is from the pelvis toward the diaphragm. The absorbing power of this membrane increases as the diaphragm is approached and in the same ratio its susceptibility to injury is increased, being greatest at this point.

As has been demonstrated by Clark and Fowler, the position of the patient in reference to the effect of gravitation assists or retards peritoneal absorption. Thus in Clark's position absorption by this membrane is enormously accelerated, while in the opposite, or Fowler's, it is proportionately retarded.

Opportunities for peritonitis are afforded by slow peritoneal absorption, by concentration of the medium carrying the infection; the relative virulency of the infecting agent; accumulations of body fluid and solid particles in the various dead spaces and pockets of the peritoneal cavity, and which when not quickly removed by drainage or absorption, become reservoirs of intense bacterial activity, supplying a constant stream of infection and toxic bodies that in a short time result in septicemia or peritonitis and death. Lastly, shock, traumatic or operative, hemorrhage or loss of body fluids and all other devitalizing processes whose tendency is toward a lessening of vital resistance contribute very naturally toward peritoneal inflammation.

Clark's position is applicable to those cases where the peritoneum having been exposed to a minimum of trauma is uninjured, and therefore functionally unimpaired. The patient's vital forces are not depreciated to a marked degree and the amount of sepsis within the cavity is not excessive and is soluble. Here the rapid transportation and quick disposal of remaining sepsis, protects the patient by removing dangerous bodies before they have had sufficient time to increase their numbers by natural propagation.

Fowler's position may be used where the functions of the peritoneum have been impaired by injury, shock or otherwise, in which case the patient assumes the half sitting posture until he shall have so fa recovered strength and vitality that thi membrane is enabled to proceed with it functions in a normal manner. In this position, the amount of work thrown upon the

*Read before the Medical Society of the Southwest, Oklahoma City, October 11th 1911.

Digitized by Google

peritoneum is the minimum and which it is more likely to be able to perform than it would be, in a weakened condition, to overload its capacity with a view of quickly removing large or even small amounts of contained matter.

This position is specially applicable when artificial drainage is employed. The indication for a drain are: 1st. The removal of pus, serum or bloody accumulations. These when left undisturbed, act as foreign bodies and are fertile fields for bacterial growth.

2d. To remove actively infectious and highly virulent agents, to focus the septic material at a point and to establish a barrier about the point of infection.

3d. To change the direction of the intraperitoneal current from the point of infection toward the diaphragm, so that it shall travel by the shortest route from this point to the exterior.

4th. To take charge of peritoneal transportation and absorption until this membrane shall have so far recovered from trauma, shock effects or lowered vitality from overwork or other causes that it is enabled to resume its functions in a normal manner.

The presence of a drain also stimulates secretion at the point of its location, increasing the amount of serum, thus diluting and so facilitating the removal of offending matter while the increased local blood supply thus induced, contributes a very potent factor toward bacterial destruction. An artificial drain at times becomes a very important resource in abdominal surgery, and especially when its employment is restricted within the limits of physical possibiilties.

Thus the elements of proper drainage may be comprised under two heads:

1st. Natural forces.

2d. The structure and materials constituting the drain itself.

Under the head of the first, it is to be remembered that the intra-abdominal pressure is greater than the atmospheric; the value of capillary attraction, siphonage, gravitation, density of fluids and distance.

Capillarity is greater along short distances and straight lines. A wick or cigarette drain therefore should be composed of fine meshed gauze as its principal part. The longitudinal fibers of which should be parallel and not folded, doubled or tucked, since in this way the total distance to be traveled becomes greater, to this extent interfering with its efficiency. Fluids of low density are more volatile than those of the opposite and as such easier and more rapidly transported. The distance becomes an important item since of course it is easier to carry a load a short distance than a long one. The shorter the drain is therefore, provided it properly communicates with the exterior and the area to be drained, the greater the service rendered.

Moisture contributes to capillarity, therefore dry drains should never be employed. The structural features of a drain will of course be subject to such modifications as suit their several requirements, such as the drainage of freshly infected districts, or old pus cavities and to meet other considerations that may arise during the time of an operation.

1st. An ideal drain should consist of such materials and be of such dimensions that its presence in a wound will in every way be harmless and unobjectionable.

2d. Its several constituents must be of such character that drainage may be complete and continuous as long as deemed expedient.

3d. It should stimulate secretion, in some instances at least, from beyond the surfaces of the depths of the wound and so promote the rate of progression of the fluid drain content from this point to the surface of the dressing.

A proper form of drain consists of an outside envelope that will prevent its adhesion to contiguous surfaces or the entanglement of reparative granulations within the body of its materials; of an inside material that will permit of the highest degree of capillarity and of a fluid drain content that is in itself volatile, solvent, dehydrating and more or less antiseptic. Or, it may be simply tubular or a combination of these as the necessity of the case may require.

Artificial drainage is never to be used as a routine measure. In selected operations, it is often by far the wiser plan to drain the muscular and fatty layers of the abdomen than to drain the peritoneal cavity. Operations that are relatively clean, in which there result remain no blood clot, no accumulations of fluid in the spaces, with a minimum of shock and a moderate degree of traumatism to the peritoneum, require no artificial drainage. The less injury that can be inflicted upon this membrane the more competent it is to deal with septic infection to its own advantage, providing the infecting agent is not encompassed by clots of blood or fibrin or other foreign body that allows of its rapid multiplication safe from the action of the phagocyte. It appears reasonable to employ Clark's postural drainage in operations of short duration, where the peritoneum has

Digitized by Google

been but little injured and the retained fluids are small in amount.

This position hastens the disposal of secretion that may later become stagnant and infected.

In relatively clean operations of longer duration and in which for a time by virtue of shock, the peritoneal membrane is more or less incapacitated to perform its function, the half sitting posture of Fowler may be adopted. Along with this, the infusion or rectal instillation of normal salt proves a very useful adjunct by diluting the fluids that are to be transported and by stimulating renal activity.

In this position as the vital index rises, the peritoneum gradually resumes its normal function, when it can satisfactorily take care of any remaining infection or exudation. Where sepsis is feared following a comparatively clean operation, a drain may be used. Usually a small cigarette is sufficient, extending from the depths of the infected area to the exterior. This form of drain is best made by rolling fine meshed gauze in thin rubber or gutta-percha tissue or a soft or hard rubber or glass tube may be enveloped in alternating layers of gauze and rubber or gutta-percha tissue. The gauze is to be moistened with normal salt solution or other solutions having a more active volatility, because dry gauze is much less capable of capillarity than that moistened with solution.

Drainage from gauze ceases in about twenty-four hours; from tubes, in about twelve, being walled off by limiting adhesions by this time. Therefore, they should be removed in twelve or twenty-four hours, in order to prevent infection through and along the drainage tracts.

It is therefore seen that if drainage is to be complete, it must be accomplished within twelve to twenty-four hours, before impassable barriers have been formed.

To obtain the maximum amount of drainage within this time, it is necessary that the fluid drain content be as volatile and solvent as circumstances will permit, stimulating capillarity and capillary siphonage to the maximum degree.

To accomplish this, it has lately been my custom to moisten the gauze that is to be used in either cigarette or tubular drains with a sterile solution composed of saturated solution of boric acid five parts and 95 per cent alcohol one part. The external end of the drain must also communicate with a more or less massive gauze dressing that has also been moistened with the same. The external gauze dressing should extend from the exit of the drain downward until its lateral edges lie at a point lower than the point to be drained. The gauze dressing so disposed insures the highest degree of capillarity and capillary siphonage. As long as the drain remains in place, the gauze packs surrounding their exposed ends should be kept moist with this solution.

Where the drain is a hollow tube with wicks or strands of gauze running through them, the wicks or strand may be removed at proper intervals to be replaced by new gauze moistened with the same solution.

Gutta percha tissue is soluble in alcohol and rubber also, though in a less degree. Therefore in using the alcoholic solution as the fluid drain content, rubber or some more insoluble substance is to be preferred.

This solution when employed to moisten drains enormously stimulates the movement of fluids to be removed. It prevents their coagulation within the meshes of the gauze and while not antiseptic, it retards bacterial growth allowing the tract to remain more or less sterile.

Its greatest value is in draining pus from limited cavities and in cases of purulent peritonitis where there are no limiting adhesions. Rectal instillation of normal salt should always be an adjuvant of drainage in septic cases since it supplies fluid to be drained, dilutes toxins, stimulates the kidneys and makes of the peritoneum a secreting instead of an absorbing membrane.

Where it is possible, the drain should pass through stab wounds in order to bring into requisition the forces of gravity which affords just as good or better results besides allowing the operative wound to heal with the smallest chance of resulting hernia. Areas of infection when conveniently situated should also always be supplemented by a drain through the vagina.

This form of drain is of great importance where the tissues are edematous and boggy, for, by virtue of its dehydrating qualities, the fluid drain content quickly stimulates secretion, facilitates rapid drainage and restores vasomotor tone to the tissues, thus hastening a resumption of their normal functions. Rapid and clean operations in which there is no great depression of vitality are not subjects for artificial drainage. In the quick operations also, attended with the minimum of trauma, the services of the drain can be more quickly dispensed with since the work required of it is much less in amount and much sooner performed. All drains should be as small as consistent, considering the work to be done.

In the ordinary cases, I prefer the small cigarette made by rolling gauze in gutta percha tissue and thoroughly moistened

Digitized by Google

in normal salt solution. The length to be governed by the length of the drainage tract to be established. In thick, fat abdominal walls, a short drain of this character extending from the muscular fascia to the surface for a period of twelve hours will prevent mural abscess.

Where pus is to be drained, a soft rubber tube of proper calibre may be wrapped with gauze and enveloped in rubber tissue. It is sometimes wise to also have a strand of straight gauze lying within the central tube. This can be removed and replaced with other when necessary. Actively septic and pus cases that show rapid and marked toxic absorption should be drained with rubber tubes of various calibre having within them strands of gauze and about them layers of gauze enclosed within a rubber envelope, the gauze to be moistened with the alcoholic and boric acid solution communicating without with massive gauze packs moistened and kept so with the same solution. The object of this is to quickly change the intraperitoneal current and to make of this membrane a secretory instead of an absorbing organ, until the urgent necessity for this procedure is passed.

As a matter of course, the Fowler position and the infusion or instillation of normal salt solution are as important here as elsewhere.

In conclusion let me say:

Don't drain if possible to avoid doing so.

Don't use dry gauze for drainage.

Do not tuck or fold back and forth gauze to be used as a drain. Guaze packs are useful to control hemorrhage but often act as plugs where drainage is sought.

Do not use a long drain if a shorter one will suffice.

Remove the drain as soon as its services have been performed, and remember that in pus cases the usefulness of a drain is more extended in reference to than in the opposite sort.

The Missouri Association for the Relief and Control of Tuberculosis, which met in Jefferson City on November 13, elected the following officers: President, Dr. George Dock of St. Louis; treasurer, Mr. Saunders Norvell of St. Louis; secretary, Dr. Walter McN. Miller of Columbia. It was agreed that the association would undertake the organization of county societies and should endeavor to enlist the co-operation of the press, medical men, the clergy, and organizations and people interested in public welfare.

MEDICAL EDUCATION.

R. O. BRASWELL, M. D.

FORT WORTH, TEX.

To get a glimpse of the future and prognosticate coming events, it becomes necessary to take a retrospective view of the past. It is also necessary to make a close observation and study of the situation at the present time. With a proper knowledge of the history of the development of the healing sciences and with an intelligent understanding of the present situation, one can with some degree of certainty, look into the future, or at least know something of what it is to be, by the index of today. The history of medicine is a long, tedious recitation and one in which we would not like to dwell at length, because the inaccuracies of the past are so overwhelmingly in the majority that we are forced to acknowledge that medicine, up to this time, has not become an accurate science. There are many reasons for the slow progress made in the sciences of the healing art. Tradition has played the most important part in retarding the progress of medical science. It is but natural that we cling a long time to the teachings of our fathers and it is with reluctance that we lay aside the instructions of our forefathers. Were it not that we are what we are taught to be, the scientific world would shine today with the brilliancy of the noon-day sun. The mistakes made by those who devoted their lives to the development of a crude science, linger in the cobwebs of the brains of those who would be progressive at this day and time. Many years ago, it was but necessary for a man to attend a medical college for two years (five months each year), and there were no preliminary requirements at that time, hence the majority of medical students were those who had neglected their literary education and had developed into manhood with very little preparation for a professional, or any other life. Mature years fanned the dwindling flame to their ambition and they determined to enter upon the study of their professionn without any previous qualifications for the same. They would drift to the colleges of their choice, which became their choice either from prejudice growing out of their own knowledge, or the favoritism of some biased doctor who had the respect and confidence of the family. He usually advised the boys to attend the college of his former days, not because it was a better college to prepare the young men for the medical profession, but simply because he had attended that school. The country at that time, or

Digitized by Google

about that time in the history of our science, was developing rapidly and it became necessary for over-ambitious men in certain localities to gratify their ambition by establishing more medical colleges. Competition became strong, preliminary requirements began to dawn upon the horizon. The better colleges throughout the country, adopted some form of entrance requirements. The purely commercial college never adopted a preliminary requirement, until forced to do so by legislation. Those who have been forced to adopt such measures by legislation, have only approached the minimum requirements of state laws and state boards. There has been much consolidation of colleges throughout the United States within the past few years. Many of the consolidations were brought about by circumstances over which the colleges had no control. It has been the rapid advancement of entrance requirements and the demanding of medical colleges to increase equipments; select better faculties, and in every way make advancements, until at the present time, all the colleges of the United States recognized by the state boards of the country, are much better prepared to teach medicine and surgery than they have been in the past. The advanced entrance requirements which have become unanimous throughout the states have done more to place the medical colleges on a high plane and to elevate the medical profession, than any other one factor. It is easy enough to see, when we take into consideration the rapid developments of the past few years and lend a listening ear to the buzz of the present situation, and foresee the rapid evolution of the next few years, that commercial colleges will be a thing of the past. In a conversation not many months ago, I overheard a professor in one of these commercial medical colleges, make the remark that because of the fact that he had taught surgery in this little medical school for a period of fifteen years, or thereabouts, that it was worth $15,000 a year to him in a financial way, to teach the branch of surgery in that school. This reveals an alarming condition of affairs in our midst today. It shows that many medical colleges, now recognized by state boards, are run purely for the benefit of the energetic men who compose the faculty, or a part thereof, and have nothing better to commend them to the public, other than their selfish motives. I venture the assertion that many medical colleges would close their doors, were it not for the advertising feature which they give to their promoters. Having studied colleges for some years and having heard sad stories of legions of men who have sacrificed their lives and given their time for the up building of some second or third class medical college, I have reached the point where I doubt the sincerity of any man's statement who makes such claims. The facts are: medical colleges based upon commercialism, or in other words, independent medical colleges, are making men both in reputation and finances, instead of making colleges. Not so very long ago, a doctor in a large city told me that the only way a doctor could succeed in the city, regardless of his education and ability, was to either advertise in the papers or become a member of the faculty of some medical college in that city; that the day had passed when a man in Chicago could succeed upon his merit alone. Taking this view of many of our medical colleges, I am convinced that many more must close their doors. It is time for the commercial medical colleges to die. They have lived their day and they must give way to better and greater institutions. What we need at this time, is fewer and better medical colleges; fewer and better doctors. The colleges must be released from commercial influences. Men must be purged from the faculties who use it for adveritsing purposes or sinister motives. I am almost persuaded that the only solution to the problem today, is for the states to take charge and control the medical colleges within their borders. In this way we could eliminate the objectionable features which are so disastrous to a high class, scientific institution.

The most remarkable progress that has been made within the past few years has been almost the total obliteration of sectarianism. There has been a coming together of all the schools of medicine, and each school in turn, has become more scientific and becoming more scientific, have drifted nearer together. There is but one science in medicine and that science is accurate knowledge. There has been a time when sectarian factions were an advantage to the human race, but that time has passed and there is now an urgent demand that the medical profession of the future must stand upon an accurate science. Sectarian medicine has done much towards the uplifting of the science of medicine, because it created rivalry between men and factions and each faction tried to excell the other, and in so doing, brought forth precious, scientific principles. But the time has now arrived when there must be a coming to-

Digitized by Google

gether of scientific men. We have also broadened out wonderfully in the past decade, and are now adopting principles in our practice, that only a few years ago would have condemned. For instance, the serum treatment which is adopted by all schools of medicine and by all scientific men of this day, and is the foundation upon which homeopathy built its structure. The principles of Hahneman were "simila similibus curantur" (like cures like), and is the basis of the serum treatment. Antitoxin, antistreptococcus serum, and all serum therapy is an exemplification of the Hahneman theory that "like things are cured by like." The serum treatment is adopted by all schools and is now the scientific method employed by all scientific men, regardless of school, or system, or practice. While I am not a homeopath, and have never studied homeopathy, I believe that credit should be given where credit is due, and that to the homeopaths the world owes this great discovery. To refuse to accept the serum therapy, is but to confess our ignorance and to hesitate to give credit where credit should be given, brands us with the great sin of ingratitude. The serum treatment is now in its infancy and will finally be the basis of all medical therapy. Then all honest men will bow in reverence to Hahneman as the greatest medical thinker since Hippocrates. The preliminary and fundamental principles of homeopathy are the common grounds that the future edifice of the medical world will stand upon—serum therapy —"like cures like." Inasmuch as the great body of the allopathic profession adopted this homeopathic principle as their basis of medical science, it remains for the other sectarian schools to do likewise and accept science wherever and whenever found, regardless of its source and regardless of its identity. Other sectarian schools have not so much to lay aside as the allopathic school. It has been forced to repudiate practically all of its former teachings and to come down to a plane of practical, scientific knowledge which has been gathered from many minor schools, or from whatever source the truth came. I have observed the convergence of late years to one science, or a science, and the rapid abatement of creeds, dogmas and sectarianism that have stood as a huge barrier to the progress of scientific development of medicine and surgery for these hundreds of years. We must all admit that science is now making headway in our profession, and with that onward movement the lines are being drawn closer together. When we look through the vista of coming years we see the final condition of all schools. Science has during all these years, been culling from all branches of the healing art to form one great science that should meet all pathological conditions and heal every form of disease. We have not reached that ideal goal, but we are approaching it.

With this parital review of the history of medicine and a brief summary of the present situation of medical science, we conclude by saying that we must make better colleges, better doctors, and drive to oblivion forever, sectarian schools.

THE CONJUNCTIVAL FLAP.*

R. H. T. MANN, M. D.

TEXARKANA, ARK.-TEX.

My attention was first called to the benefits to be derived from the conjunctival flap from a patient who happened to come under my care a number of years ago, before I had even seen the operation performed or any literature on the subject. The case was of such interest to me, that I wish briefly to report it here.

A blind negro boy was brought to me, two years before he had lost the sight of both of his eyes from gonorrheal ophthalmia. I found complete opacities of each cornea, except the upper part of the cornea of one eye. Here I found that the conjunctiva of the upper lid had attached itself to a large area of the cornea, not unlike a pterygium. I did not know the condition of the cornea beneath this conjunctiva, so I removed it and found the cornea quite transparent. In a week the boy had very good vision.

The conjunctival flap operation is indicated when large areas of the cornea have been destroyed from any cause and in prolapse of the iris, after the prolapse has been removed in large corneal ulcers after the infection has subsided. The flap must be applied to the raw surface of the cornea if it is to be of any benefit. So far I am doing this operation in three ways. The conjunctiva to be used should be procured from above or below the cornea where it is most abundant and not from the inner or outer canthus where there is none to spare.

The first method consists in dissecting up a flap of the ocular conjunctiva wide enough to cover the cornea and drawing it over the area to be covered and attach-

*Read before the Medical Society of the Southwest, Oklahoma City, October 11th 1911.

Digitized by Google

ing the end of the flap to the conjunctiva at the limbus of the opposite side.

The second method, and this is the method I ordinarily employ, consists in dissecting up a flap which is attached at both ends. This is drawn up over the part of the cornea which is to be covered and stitched in place at the limbus of the cornea on both sides.

The third method is useful in many cases. It consists in dissecting up the conjunctiva around the limbus of the cornea and with a purse string suture covering all or apart of the cornea as may be necessary.

In the first two methods, the conjunctiva is united and the flap cut away in a week or ten days. In the last the stitch is cut and the conjunctiva allowed to fall back in place.

This little operation is useful in many cases and its field of usefulness will no doubt be extended when it is more generally adopted as a routine method.

IN THE TWILIGHT.

CHAS. EVERETT WARREN, M. D.

NORTH EASTON, MASS.

"Ere the evening lamps are lighted,
And, like phantoms grim and tall,
Shadows, from the fitful fireside,
Dance upon the parlor wall."

CHAPTER XV.

Percival Potts, so the story goes, while passing over London bridge, a century or more ago, was thrown from his horse and suffered a fracture of the leg. And when benevolent people rushed to help him he beat about at them with his riding-whip and kept them at a distance, so that they though he was mad. But he cried out, "Bring me a shutter," and when a shutter had been brought he cautiously shifted himself on his back onto the shutter, and had himself carried home upon it. So he avoided having the simple fracture converted into a compound, and therefore he speedily recovered without any complications setting in.

In the larger cities such an occurrence could hardly take place nowadays, but there may be the excitement of an animated quarrel among rival ambulance corps as to which shall bear away the "case." Still an officious policeman, or a snobbish friend, thinking the common ambulance too plebian, may force and cram the injured person, broken bones and all, into a hack or taxi cab. Then the hospital surgeons have most beautiful conditions of compound fractures and the like to mend.

In country districts the patient is thrust into a buggy or carry—all when it would be much better to let him lie at length upon a mattress or a pile of blankets in an express wagon. That too, to the uneducated, savors of brutality.

If the person is insensible so much the better, he may be doubled up with impunity by those who render what they believe is aid and being unconscious the victim will not object. But what of the result if there is an injured spine or a broken thigh or knee?

Again, sidewalk-sympathy, which is only, in reality, morbid curiosity, seasoned with uncontrolled emotion, calls the surgeon cold-blooded because, forsooth he does not show any emotion but sets coolly to work to do that which is best.

Ignorance of the conditions and ultimate effects is evidently the cause of careless handling of the sick and censure of the surgeon. Simple education in first aid is evidently the remedy. In smaller towns and country districts the physicians may give such instruction in first aid as will rebound to the credit and to the welfare of the community, but let the instructor beware of attempting to teach physiology and anatomy and such like. Elementary as such instruction must be the results will be grotesquely ludicrous misunderstandings of the functions of the body.

A few minutes casual chat with a person of ordinary intelligence will impress the subject of fractures upon the mind. Bend a fresh twig until it begins to break and you have an illustration of a green-stick fracture. Snap a lead pencil across and you will probably have a good illustration of a comminuted fracture. Knit the ends together again and the process of "setting" a bone will be shown. Now slip the pencil into a rubber tube closely fitting it; bend it at the broken portion and force the sharp ends through the rubber; you will have a diagrammatic illustration of a compound comminuted fracture. Explain that this may happen from careless handling of an injured person. Now straighten the pencil again, knit the ends together, by feel, and putting several toothpicks or matches around it wrap them with thread or a narrow tape. This will illustrate the setting and splinting of a fracture and the lesson will probably never be forgotten.

We sometimes read of a case of accidental hemorrhage in which death ensues as the victim bleeds to death before despairing onlookers ignorant of the use and applica-

Digitized by Google

tion of a tourniquet pending the arrival of a doctor. It seems preposterous that such dense ignorance should exist in these enlightened days; that there should be any one who does not know enough to pass a twisted handkerchief around a limb above the wound, tie the ends together, put a stick into the loop, and twist the handkerchief, with the stick, until bleeding ceases. Yet such dense ingorance does exist, ignorance which it is the duty of the conscientious physician to dispel by the words in time which all may easily say without undue debasement of the healing art, but rather to its glory and advancement.

Moreover, a little explanation, in everyday language, of the whys and wherefores, to your patients, and those immediately interested in their welfare, seldom does harm and may do much good; for if you explain your intents and purposes in treatment you will find willing helpers in carrying it out and a few appreciative people who will sound the praises of their doctor who doesn't keep them in the dark but tells them things.

On the other hand, if you put off questions with evasive or non-committal answers you may gain the credit, not a desirable distinction, of not being broadly cognizant of that which you should know, for the popular line of reasoning is that what a man don't tell he don't know.

They Would Learn from Us.—The daily papers tell us that a party of more than three hundred leading physicians and scientists of Germany are chartering a steamship, to pay a visit to America next September. They are coming to study medical and social conditions. There is more than usual significance in this item. American medical and scientific men have long appreciated the fact that there is something for them to learn in Germany, well worth a visit, and this is shown by the constantly increasing resort to the great centers of German learning. That Germans should begin to appreciate that there is something on this side of the water worthy of their attention, is creditable to them, as showing that a portion, at least, of the German scientists are not restricted to the narrow limits of their own land altogether. The gentlemen will receive a hearty welcome, and every facility will be placed at their disposal for getting what is to be learned here.—Clinical Med.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month

THOMAS A. HOPKINS, M. D., Editor

EDITORIAL ASSOCIATES:

DR. R. B. H. GRADWOHL, St. Louis
DR. A. F. KOETTER, St. Louis
DR. O. E. LADEMANN, Milwaukee

Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

The Season's Greetings.

It was but the other day that we were expressing our felicitations on the coming of a New Year—1911—and it seems well nigh impossible that it is time for another change of dates and new felicitations. Yet here it is, 1912 is but a few days off and Christmas is here!

With the years one learns much of wisdom, whatever his calling. We long ago learned better than to announce as fixed a line of procedure which should characterize our conduct after the coming of any certain day and we are no longer laying out a schedule for ourselves or for the Fortnightly which shall date from New Years. We feel that we may look back to 1911 with a degree of satisfaction, our purpose and hope is to make 1912 better. Years also teach one the value of expression, especially in the matter of friendship and appreciation. In these days of hustle and bustle, of hurry and worry, the man who will stop long enough to tell you that he has appreciated your effort along some line, or his sympathy and interest in some of your undertakings, is something of a rarity among his fellows. The American people are not a demonstrative people, they are too busy. We are far from certain that it would not be better for us were this somewhat otherwise. Anyway we are thankful for the one season when expressed good wishes and good will are in order. Not alone on the day but throughout days of the year 1912 we wish each and every one of our readers a happy and prosperous new year. May the days of '12 be full of opportunities to be helpful to others and, consequently, full of happiness.

Lepers in Philadelphia.—Two women who are suffering from leprosy have been discovered in Philadelphia; both have been removed to the isolation wards of the Philadelphia Hospital and their homes quarantined.

Digitized by Google

The Doctors' Banquet.

One of the pleasantest functions it has recently been our privilege to participate in was the Get-Together and Get-Acquainted Banquet of the newly organized faculty of the American Medical College. The merger with the Barnes and additions made to the faculty of the institution brought a considerable number of new names on the roster of the teaching force and it was thought wise to devote an evening to social intercourse, with just enough of business to give the occasion tone. The banquet was held at the Liederkraz Club and was attended by fifty odd members of the faculty. After satisfying the inner man there was an exceptionally interesting "feast of reason and flow of soul." The talks were all extemporaneous, all bore witness to the unanimous feeling on the part of the faculty that the American must accomplish great things and, to do it, must have the energy and fidelty of every man on the teaching force. The independent and unendowed school is going through a period which makes for permanence or extinction, these are troublous times; only by giving just as good a medical education as can be obtained at the endowed institutions—and one somewhat more practical—can it hope to continue. The last stand of the independent school in St. Louis is the American, we believe that it ought to win out—that it will win out; but it is going to mean a considerable amount of disinterested, self-sacrificing work on the part of a number of people, with the co-operation of those not actively concerned, but in sympathy with the endeavor. Too much time has been lost in an ignoring of conditions which exist, it is a good thing that a realization of these conditions has been forcibly impressed on those who should be benefited by the knowledge. The American is a fine institution, but it is not perfect; it is going to be better, and better; it is going to succeed in the face of adverse conditions.

Dr. Sajous and the New York Medical Journal.

Since the death of Dr. Foster there has been considerable speculation as to whom the responsible position of supervising editor of that important medical publication—the New York Medical Journal—would go. Very few of us felt competent to even offer a suggestion in the matter. In the selection of Dr. Sajous the publishers have set at rest all apprehension over the future of their splendid journal.

In announcing Dr. Sajous's assumption of this work the publishers express their great satisfaction, and rightly. Of Dr. Sajous they say:

"Though born under the American flag, Dr. Sajous received his preliminary education in France. He studied medicine in Philadelphia, graduating with honors from Jefferson Medical College in 1878. He served for two years as resident physician in the Howard Hospital, and in 1881 was appointed professor of anatomy and physiology in the Wagner Institute of Science, lecturer in the Philadelphia School of Anatomy, and clinical assistant in the laryngological department of Jefferson Medical College, succeeding Dr. J. Solis Cohen, in 1883, as clinical lecturer and chief of that department. In 1891 Dr. Sajous went to Paris, where he devoted six years to original research. Upon his return, he was appointed dean of the Medico-Chirurgical College. At the recent reorganization of the medical department of Temple University; Dr. Sajous accepted the chair of pharmacology and therapeutics, which he still holds.

"The immediate outcome of Dr. Sajous's six years of research work in Paris was the publication of two volumes on "Internal Secretions and the Principles of Medicine, a work which gave the author high standing as an original investigator.

"Dr. Sajous has had a wide editorial experience, having founded in 1888 the Annual of the Universal Medical Sciences, which he conducted with the collaboration of some of the most eminent physicians in America and Europe, until the publication was abandoned in 1893. The Annual had a circulation of over 500,000 volumes and the "Cyclopedia of Practical Medicine," founded by Dr. Sajous in 1898, to succeed the Annual, and intended more particularly for the general practitioner, has attained a circulation of 240,000 volumes, the seventh edition being now in course of preparation.

"The value of Dr. Sajous's services to medical science has been recognized in France by his being made a member of the Legion of Honor, while in Belgium he received the order of Leopold and was made a Knight Commander of the Liberator, besides receiving other titles, both governmental and scientific. In America Dr. Sajous has been president and vice-president of many societies and is a fellow of the College of Physicians of Philadelphia, and of the American Philosophical Society.

Digitized by Google

He brings to bear on the editorial problems of the New York Medical Journal a brilliant and well informed mind, wide experience, and a thorough knowledge of the needs of the American physician.

"The publishers of the New York Medical Journal feel that they as well as its readers are to be congratulated upon having obtained the services of Dr. Sajous. Comprehensive and well directed plans have been formulated for enhancing the value and interest of the New York Medical Journal, and in carrying out these plans no pains or expense will be spared to give to our readers a medical journal of unprejudiced authority and interest."

Organizing to Fight Tuberculosis.—A meeting called by the St. Louis Society for the Relief and Prevention of Tuberculosis at the Civic Club, on November 22, was largely attended by representatives of over fifty organizations. Speeches along the line of organized action, against the spread of tuberculosis, were made by a number of physicians and laymen working in this field of effort. Resolutions were adopted forming an auxiliary, to assist the society, and calling for the appointment of three permanent delegates to the auxiliary from each organization represented at the meeting.

Medical Reserve Corps' Dinner.—The St. Louis Society of Officers of the Medical Reserve Corps gave a dinner at the St. Louis Club on Monday, November 20th, 1911, in honor of the Commanding Officer and the Medical Staff of Jefferson Barracks. Quite a number of members of the local society were present, and a pleasant evening was reported by all who attended. The visitors were: Col. W. T. Woods, commanding officer at the barracks; Col. Louis Brechemin, M.C., in charge of the United States Army Medical Supply Depot in St. Louis; Major D. C. Howard, M. C.; Capt. R. W. Bryan, M.C.; Capt. H. C. Pillsbury, M. C. and F. G. Abeken, M. D., passed asisstant surgeon, United States Navy. The society was urged to take steps to bring the meeting of the Association of Military Surgeons to St. Louis in 1913. All members of the Medical Reserve Corps, residing in or near St. Louis, are eligible to membership in the St. Louis Society. Those who have not already joined are requested to communicate at once with the secretary, Dr. W. H. Luedde, 3314 Metropolitan Building, so that the roster of the society may be made complete.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

The Practitioners' Visiting List for 1912. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, and calendar for two years. Descriptive circular showing the several styles sent on request. Philadelphia and New York: Lea & Febiger, Publishers. (Price by mail postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra.)

Being in its twenty-eighth year of issue, The Practitioners' Visiting List embodies the results of long experience and study devoted to its development and perfection. The text portion of The Practitioners' Visiting List for 1912 has been thoroughly revised and brought up to date. It contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Printed on fine, tough paper suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather, The Practitioners' Visiting List is sold at the lowest price compatible with perfection in every detail.

Progressive Medicine. A quarterly digest of advances, discoveries and improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., assisted by L. F. Appleman, M.D. Vol. XIII, No. 3. Published quarterly. Philadelphia and New York: Lea & Febiger, Publishers. (Price per year, $6 00.)

The subjects considered in this number of Progressive Medicine are: 1. Diseases of the Thorax and its Viscera, including blood-vessels. 2. Dermatology and Syphilis. 3. Obstetrics. 4. Diseases of the Nervous System. Wm. Ewart editing the first, Wm. S. Gotheil the second, E. P. Davis the third, and Wm. G. Spiller the fourth section. As a reliable and sufficiently complete resume of what is worth while in the work which has recently been done in these branches the volume leaves nothing to be desired and is quite in keeping with those which have preceded it. We have often expressed our conviction that Progressive Medicine should be an adjunct of every physician's medical reading, not as a substitute for those journals which he has learned to know, but to supplement them

Digitized by Google

with the wider field which it would be impossible for any one man to cover.

The Physicians' Visiting List for 1912. Pocket size bound in leather. Containing much emergency information and space for accounts for 25, 50 or more patients per week. Sixty-first year of publication. Philadelphia: P. Blakiston's Son & Co. (Price, 25 patients, $1.25; 50 patients, $1,50.)

This visiting list is too well known to need more than passing comment. In appearance and general build it is the same old friend which has been standing the test of use for years past. The emergency data has been thoroughly gone over and brought up-to-date; its calendar and dating have been made to suit the year which is so rapidly approaching, otherwise we find no change in it. Visiting lists seem to have reached a stage of excellence where there is little chance to improve on them. This one from the Blakistons is one of the oldest and best.

Dr. E. S. Harris, of Blue Springs, Mo., has compiled a most excellent little book on the "Hygiene of Pregnancy," which should find a hearty reception at the hands of the profession. It is just the book for the doctor to place in the hands of his patients, as it contains sound advice to mothers and prospective mothers. The low price, ten cents, enables every one to buy a number of copies. We can heartily recommend it.

The C. V. Mosby Co., of St. Louis, has announced the publication of a book on Pellagra, to be ready by January 1, 1912. This book is being prepared by Dr. Stewart R. Roberts, of Atlanta, Ga., who has just returned from Italy, where he studied the disease in its natural habitat. While in Europe the doctor made extensive research regarding the etiology and treatment of pellagra, and the data contained in the book will reflect the latest and best work that has been done in connection with this disease, making it a reliable guide to those seeking information on the subject.

Another Illusion Destroyed.—The final ripening process in the preparation of California oranges for the market is the exposure of the fruit to steam vapor which imparts the golden yellow color described on the labels by "sun-kissed" and other appetizing terms. Electric heat is employed to a large extent in producing this steam vapor, electric immersion coils in open tanks of water in the ripening rooms, producing the warm humidity required to give the final tint to the orange of commerce.—Dietetic and Hygienic Gazette.

THE MONTH'S MAGAZINES

A New St. Nicholas Story.—St. Nicholas is to have early in 1912 a story of romance and adventure, telling of a bonny lass strangely brought over to the colonies, where she had many real story book experiences, played in a secret room which actually exists today, met Washington and Franklin and finally came happily to her own. It is written by Emilie Benson Knipe and Arthur Alden Knipe, who have intimate acquaintance with the scenes of the tales, and will be called "The Lucky Sixpence."

The Century in 1912.—Probably never before has the question of the character and life of the undergraduate in American colleges been more in the public mind. The Century has arranged with Clayton Sedgwick Cooper, author of "College Men and the Bible," for a series of papers discussing this subject authoritatively and broadly. Mr. Cooper has been traveling for ten years among the colleges of the United States and Canada, and has visited the chief educational institutions in all parts of Europe and Asia. While Mr. Cooper has consulted largely with prominent educators and public men throughout the country, his facts and opinions are based almost entirely upon actual contact with students in lecture-rooms, fraternity houses, the athletic field and campus, in large public gatherings, and in thousands of personal interviews. It is perhaps through the latter channel, the intimate personal contact with the individual undergraduate, says Mr. Sedgwick, that one comes nearer to the real gist and trend of the college man's deeper sentiment.

Iowa Liquor Law.—The Mulct law in Iowa has stripped alcohol of its glamour by prohibiting seats, screens, food, music, private rooms, excessive drinking, and long hours in saloons, and has thus reduced drunkenness and crime as by magic.—R. H. Schauffler, in the Outlook.

Iowa seems to have a liquor law that will stand without hitching. In an account in the November Metropolitan Magazine of the career of Senator Cummins it was set down that when prohibition threatened Iowa he exerted himself to avert it, and helped to secure the adoption of a form of local option instead. It seems to have been a good job, that gave local satisfaction, and took the liquor question out of politics. Perhaps our prohibition friends could learn something to their advantage by studying the Iowa law. Certainly it is time for them

Digitized by Google

to get up something better than prohibition. States that have tried it and got tried of it have turned to local option, and found peace and fair satisfaction. There may some time be a system that is better still. We hear of interesting measures taken in some parts of Russia, where drunkenness has become very serious, and great improvement in the popular habits was made by restricting the sale of vodka and developing other and less harmful sources of pleasure. The government of Russia has a monoply of the sale of vodka, and can restrict it at its will, so the problem there is not complicated by the efforts of private dealers to enrich themselves by selling drink. When ever the love of money and the love of drink can be separated and kept separate, the drink problem is immensely simplified. The gist of the Guttenberg system is that no private person shall find a profit in selling rum, and that system has succeeded.—Harper's Weekly.

The Ancient Population of New Mexico.—In his article of American Archaeology in Harper's for January Dr. Ellsworth Huntington of Yale discusses the interesting question as to whether our Southwestern states were ever densely populated. "How long were the ruins of the Southwest inhabited? and, How dense was the population in ancient times? Some of the best archaeologists have strongly insisted that appearances are deceitful. The hundreds, and indeed thousands, of sites of ancient villages in Colorado, the Texan Panhandle, Utah, New Mexico, and Arizona, as well as in similar parts of northern Mexico, were not all inhabited at one time, so they tell us. Most represent mere temporary stopping-places where migratory bands of a people supposed to have been the ancestors of the Indians settled for a few years and then moved on. At the outside limit, so say these archaeologists, the entire population never amounted to more than a few score thousands, whose civilization was of the lowest and most insignificant type. Other students, fewer in number than the orthodox school, hold that the majority of the ruins were all occupied at the same time and for century after century. They say that the population of the arid Southwest must have amounted to many hundred thousands—decidedly more in all probability than the country supports today. Furthermore, if this were so, although the type of civilization may have been most primitive compared with ours, yet it was by no means so low as that of the modern Indians. It must have been of the same grade as that of early Babylonia, Egypt, Palestine, or Greece before the art of writing was invented People who could dwell peacefully for centuries in large, permanent communities, and could build great communal houses and long systems of canals, were by no means untutored savages. Civil order and submission to the will of the majority must have been as well developed among them as among us. Such a view leads one to believe that, if only we could trace it, the history of the primitive Americans would prove quite as interesting, and to us possibly more interesting than that of the early Oriental peoples to whom our scholars devote so much time and our millionaires so much money."

The Cry of the Empty Stomach in China.—The people of China have never played so active a role in the administration of state as they are now permitted to do—never since the days when their philosopher Motse preached what might be called agricultural socialism. Why, then, in the name of all the restless ghosts of their ancestors—why this Chinese revolution? What is the meaning of the uprising? What do the Chinese want?

They want more than one thing, and some of their wants are elemental, basic.

In the first place, they are empty of stomach; downright hungry, starved, and they want to eat. The many hundred millions of Chinese know that they have not squandered their gray lives in idleness. They have always worked in the past; they are willing to work; they do work. So they can not blame themselves. The soil on which they have worked and are working is mostly rich and kind. It is true that during this year and the few years past, great floods and drought have cursed the land. But then, had the people been permitted to receive something of a fair share of the fruit of their toil, they know—beasts of burdens as most of them are—that they could have gotten along very nicely without troubling either the yamen or the altars of their gods and ancestors. They are starving today, they and their women and children. That is a fact as big and clear as the heaven above and the earth on which they stand.

Now why—why this state of affairs? They have not been as keen and as fiery as some other people in raising the question, it is true. But they have raised it now. They have raised and answered it for some years past—in fact, since the twenty-five-year reign of Kiaking, in the dying days of the eighteenth century. And here is the

Digitized by Google

answer: The people are without food and raiment, because in the China of today, graft, which is a gentle art in the rest of the world, has added unto itself the rigorous, heartless, systematic exactingness of a science. It has donned the robe of the official, it has turned itself into a tradition; it has exalted itself into a veritable law, walking about in the white light of day, head up and unashamed.—From "The Chinese Revolt: A Survey," by Adachi Kinnosuke, in the American Review of Reviews for December.

St. Louis Nuns as Pharmacists are coming into prominence in Missouri. At the St. Louis examination October 6, six of the Sisters of St. Mary were successful candidates for registration. One will practice pharmacy at Kansas City, another at Jefferson City one at Chillicothe, one at St. Charles, and two will remain in St. Louis. They will supersede men in the drug departments of various hospitals.

The greatest living philanthropist is a doctor—Dr. D. K. Pearsons, who resides at Hinsdale, near Chicago, he having practically completed the distribution of his entire fortune amounting to about $7,000,000. Needless to say, Dr. Pearsons did not accumulate this fortune in the practice of medicine, which he abandoned many years ago. He has given his money mainly to small colleges, and now that it is all gone, he has presented even his elegant home to the little suburban town in which he lives, to be used as a library and museums while he is spending the last few years of his life—he is now ninety-one—in a local sanitarium.

Special Lectures at the American Medical College.—Announcement is made of two special lectures to be delivered at the American Medical College, St. Louis, by Dr. Thomas G. Atkinson, professor of neurology and psychiatry in the college as follows: January 8, 1912, Heredity; February 5, 1912, Developmental Pathology. The lecture on heredity will present the subject from a new viewpoint, based on the theories of Mr. Francis Darwin, while the lecture on developmental pathology will deal with an aspect of medical service growing out of evolution and heredity. These lectures are open to the public, and all who are interested are invited to attend. They are held in the amphitheatre of the college at 8 o'clock in the evening.

DERMATOLOGY

On the Occurrence of So-Called Henoch's Purpura, With a Report of a Case.—Joseph Lewi Bendell, Albany, N. Y. (Medical Record, Nov., 11, 1911,) notes that this form of purpura represents a severe blood dyscrasia plus marked gastrointestinal symptoms, and occurs principally in the early years of life. The disease is ushered in with headache, general malaise, and indefinite pains. Then occurs swelling of the joints and isolated purpuric spots appear and sometimes extend over the entire body. At the same time there is a rise of temperature and an acceleration of the pulse. The gastrointestinal syndrome now follows: It consists of violent colicky pains, with abdominal tenderness, vomiting, which is frequently of a bloody character, and diarrhea in which the stools may also contain blood. In certain fulminant cases large ecchymotic areas appear suddenly and death occurs within a few days. The author reports a case of Henoch's purpura occurring in a woman 53 years of age.

Psoriasis.—L. D. Bulkley, New York (Jour. A.M.A.) says that the medical profession does not seem to appreciate the value of an exclusive vegetable diet in the treatment of psoriasis. He has, therefore, been led to keep a list of his recent private cases who have been under a vegetarian diet for the last two years. He remarks, first, that psoriasis is not very common as an eruption in this climate, but it is still more rare in warmer climates, and, during a prolonged trip to the East he could not learn of its occurrece among the vegetarians, chiefly rice-eating, natives. He gives a tabulated analysis of a large number of private cases showing the age of the incidence of the disease, it most frequently occurring during early maturity and middle life, but it may begin during infancy and in quite a number of cases it began during childhood. Its persistence is shown by duration for twenty, thirty, or even fifty years in a large number of cases. During the two years in which he has kept a special record he has observed 134 cases of psoriasis who have kept more or less faithfully on a vegetarian diet, nearly one-half of them absolutely vegetarian. Patients who have relapsed into a free meat eating diet have had a recurrence of the eruption or an aggravation of what remained in many cases, though in some instances it did not seem to cause the disease. A certain

Digitized by Google

number of people, however, are, he thinks, as shown by the evidence, incapable of properly assimilating much proteid substance. He is accustomed to tell his patients that the vegetable diet must be continued indefinitely as the disease may return whenever the intake of proteids is greater than the system can manage. The urinary examination of patients with psoriasis showed, in the average, deviations from the normal, indicating imperfect metabolism of nitrogenous elements. The average specific gravity was 1.026, much higher figures being not uncommon as the acidity was invariably high, uric acids and urates abounding and the urea increased even double the normal amount. Hence the value of alkaline diuretics with the vegetable diet, which is not alone sufficient in many cases though the most important part of the treatment. There are some articles from the vegetable kingdom which must be guarded against. Alcohol in any form, even the lightest beer, is prejudicial, and in some cases coffee, chocolate and cocoa are better excluded. Butter is the only animal product allowed, except possibly a very little fat bacon occasionally. Too much indulgence in sweets is to be avoided and acid fruits seem sometimes to interfere with the treatment.

The Tuberculin Reactions as Diagnostic Aids.—O. H. Benker, St. Louis (Interstate Medical Journal, December,) has attempted to diagnose early or suspected cases of tuberculosis by noting the reaction to intradermal injections of tuberculin. His technique is as follows:—The place of inoculation over the biceps muscle is cleaned with alcohol; then with a sterile platinum needle and glass syringe, the eye of the needle pointing upwards, inject 1-10 c.cm. of the following five solutions: Phenol ½ of 1 per cent, O. T. (Koch) 1-10,000 mgrm, O. T. 1-1,000 mgrm, O. T. 1-100 mgrm, O. T. 1-10 mgrm., at a distance of 5 cm., from each other, allowing the solutions slowly to infiltrate the skin, producing a small papule. A positive reaction takes place as a rule several hours after the inoculation to 1-10 mgrm. and 1-100 mgrm., and often also to 1-1000 mgrm., showing greater intensity to the stronger solutions. After twelve to twenty-four hours to the infiltration becomes visible and palpable and the inflammatory reaction increases accordingly. At the end of forty-eight hours it has reached its greatest intensity. There may then be seen a small central tubercle encircled with a zone of redness, shading off gradually into the healthy tissues. The reaction fades away, as a rule, after two days, but persists at times for several weeks. The control of ½ per cent phenol shows a slight erythema which becomes imperceptible after a few hours. A slight fever reaction is due to faulty technique in injecting some of the tuberculin subcutaneously instead of intradermally. The author, as result of his experience with the method, draws the following conclusions: 1. That by the intradermal test, in doses from 1-10,-000 to 1-100 mgrm, nearly all doubtful and early cases of tuberculosis can be demonstrated. 2. If after a 1-10 mgrm. injection no reactions occurs, tuberculosis may be excluded. 3. From reactions to doses between 1-10 and 1-100 mgrm. the presence of a latent tuberculosis may be inferred.

Pruritus Ani.—D. H. Murray, Syracuse, N. Y. (Jour. A.M.A., Dec. 9), reports bacteriologic examinations and culture experiments as to the cause of pruritus ani. He believes that the theories of its causation have been wrong, i.e., of the condition characterized by thickened skin radiating in folds, macerated in most cases and with lack of pigmentation, skin fissures and a parchment-like condition of the skin. Nineteen cases of the disorder were examined. All showed streptococcal infection of the skin immediately around the anus. His general conclusions are summed up as follows: "1. From the data presented by this series of cases I feel justified in saying that pruritus ani is caused by an infection by or associated with one of the streptocci group, which may be the primary, secondary or aggravating cause; if it is the secondary or aggravating cause, the primary may already have passed away. 2. If, technically, for the bacteriologist, streptoccoccus may not seem to be the primary cause of infection, practically, to the patient and to the physician who treats him, streptococcic infection answers best the question of etiology. 3. Whether the infection occurs because the opsonins for streptococci are low, or whether the opsonins are lessened because of the invading organisms, is not yet known. 4. If the opsonin-test is low for B. coli, or any other bacteria, there may be a complicating infection. 5. An autogenous vaccine made from a culture of the offending germ offers our best hope of cure. 6. Whether any local treatment for temporary relief, while awaiting the results of vaccine treatment, is advisable or not, must be left to the judgment of the attending surgeon. Some of the cases herein detailed were treated only with autogenous vaccine, and results were as satisfactory as in those

Digitized by Google

cases receiving topical treatment as well. 7. This whole matter is still sub judice and subject to confirmation by other observers. I shall, at a later date, present results of continued investigation.

Quinine as Anesthetic.— In operations upon nose and throat in children or individuals who show an idiosyncrasy toward cocaine, Chavenne (Klin. therap. Woch.) employs the following formula:

Phenolis.....
Mentholis .....aa 2.0 gm.
Quininae hydrochlor..... 1.5 gm.
Adrenalin.....0.005 gm.

This will form a syrupy fluid, which when applied in small amounts upon mucous membranes will give rise to a satisfactory anesthesia. Cauterizations and small operations can be performed without any pain. The combination is not caustic since menthol is known to counteract the custic properties of phenol. The presence of quinine considerably increases the anesthetic effect, though quinine alone was unsatisfactory.

A Preliminary Report on the Use of Neoformans Vaccine in the Treatment of Cancer.—Alfred Potter, Brooklyn, N. Y., (Medical Record, Nov., 25, 1911), reports his success in the treatment of inoperable cancer cases at the King's County Hospital, by means of the neoformans vaccine. The Micrococcus neoformans has been isolated from cancers, and if not the cause of cancer it is generally found in association with cancer. The author treated twelve inoperable cases with a vaccine prepared from this organism. Three cases which were cachetic were not helped. In the others improvement followed one or two injections of from 25 to 200 million bacteria. Relief of pain was immediate; the general health improved; ulcerations became cleaner; healthy granulations formed; and the disease seemed to be checked. In cancer of the uterus the malodorus discharge was diminished, and bleeding was stopped.

"Typhoid Mary" Sues for Damages.—Mary Mallon, who was designated as a "typhoid carrier" by the Board of Health of New York City several years ago and confined for a time on North Brother Island, is to bring suit against the city for $50,000. When she was released from the Island she agreed that she would not again take a place as cook, and she now alleges that this, together with her notoriety as a germ carrier, makes it impossible for her to gain a livelihood.

OBSTETRICS

After Pains.—(By Dr. E. K. Free, Billings, Mont.)—The much despised granny has given the trouble caused by the parturient uterus making a fuss about delivery, a name which fits like the paper on the wall. It is the condition and not the theory which is the subject of investigation. First confinements in the mother of average stamina do not develope after pains. Uterine debility and subinvolution are not yet established. Multipara have the pains more or less vigorously.

It frequently seems to be the truth that a pair of fools guilty of sexual excess intend to practice race suicide. Nature rebels at the use of the reproductive organs to gratify lust. The most potent cause for many germ diseases getting a grip on the human adult is sexual excess. Smallpox for instance is likely to be more vicious and severe in those whose nervous systems have been milked of vitality by this kind of indulgence.

Primiparas who have received liberal anesthesia are subject to after pains; especially if uterine contractility is not restored by the post-partum administration of ergot, or a satisfactory substitute. And where in the materia medica shall such a substitute be found. It is not necessary to find a substitute since chemistry can remove the irritating principle and multiples of the principle which used to forbid the hypodermic and tranfusive use of ergot.

Uterine inertia is a sequel of chloroform use. Lack of energy can be exhibited sometimes without hemorrhage. When hemorrhage persists and suggests hemophilia normal serum is one expedient which our forebears did not possess. Anesthesia has a fashion of producing in the new mother a condition suggestive of asphyxiation with illuminating gas. The nervous system is overwhelmed because of venous stasis. Relief in the latter case is sought through the administration of oxygen, and the same recourse might rouse the semihibernating nervous system of the postpartruient woman.

Professor August Erich of the faculty of the Baltimore College of Physicians and Surgeons, used to drill into his student body the maxim: "To cure a disease, remove the cause." This advice put into practice is worth its weight in gold in obstetric practice. Disciples of suggestive therapeutics claim that any affection involving the nervous system from after-

Digitized by Google

pains to cigarette smoking can be removed as easily as rolling off a log. But in medical practice it is easy for the one who is doing the thinking to make a fool of himself, and also of the patient by reflection.

The uterus is not getting a square deal from the nervous system, and therefore it becomes an insurgent. Under the circumstances the nervous mechanism of the body may not be to blame because it is built to respond to stimuli carried in the blood current. On the heels of delivery nature has to set in motion the forces calculated to produce nourishment for the new-born child. The blood is the savings bank which must honor the draft. Lactation is an inculative process requiring a period of say seventy-two hours. Uterine contractions on which delivery hinges has forced into the blood a fibro-serous exudate, which by courtesy can be called a ferment. It is the office of this ferment to produce the secretion elaborated by the mammary glands from the blood. During the child's life in utero its nourishment comes directly from the mother's circulation. After birth it is intended that nourishment shall for some months come from the same source, but the child gets it indirectly, by taking the mother' milk into the stomach. Good mother's milk on top of good digestion produces growth and development. By the time a year has elapsed milk plus oxygen obtained from the atmosphere has put the child on its feet, and it can enjoy an independent existence.

Here is the explanation of the milk in the cocoanut. The mother's blood during the inculative period of lactation must contain the ferment that eventually sets the mammary function going. Until the quantity of the new element is sufficient to break through the resistance of the vasomotor puckering strings which hold the milk ducts in a vise-like grip, the mother remains in statu quo, and perhaps endures various kinds of suffering. A mother from many causes may be possessed of a dilapidated or degenerated nervous system, that cannot compel the reaction to become positive enough to set up milk secretion. After pains force into the mother's blood more and more of the milk producing material. Sometimes it must follow as night follows day that the mother has after-pains because she needs them in her business.

Plenty of after-pains have a pathologic rather than a physiologic basis. The patient may have a fatigued uterine muscle and a strained nervous system, which will permanenly cripple her vitality. A single instance of over-work may do such damage as certainly as over-training in an athlete may produce chronic chorea that will defy treatment. Uterine inertia may explain the tendency to dilation, then the coagulum in the torn mouths of blood vessels on the placental site will bleed. The post-parturient uterus is heavy and large enough to turn backwards. The retroversion prevents drainage. Blood accumulates and coagulates and acts as an irritant. The after-pain then becomes Nature's signal for help. Retained blood quickly degenerates, and is as congenial a culture medium for certain bacterial growths as veal broth. Medicines cannot help the uterus to lift such a load above the level and give it a down-hill run through the vagina. Evacuation is indicated, or septic absorption will kill the patient. In this condition the mother often tries to suckle the child and creates a reflex from another direction, which explodes as an after-pain. The after-pain should lead to an investigation. Routine prescribing of drugs to relieve a symptom, while the exciting cause remains operative is the evidence that the attendant has a tin can where his head ought to be.

Certain types of pain respond to occytocic treatment. Morphia has been depended upon in many cases with apparent benefit. To affect the center which originates the impulse the drug must reach the blood through absorption via the stomach, or as the result of hypodermic medication. It is likely that an alkaloid of the hypnotic type undergoes organic chemical changes in the blood. The manufacture of serum in the body of the horse has been so successful that in the future the attempt to modify it by combining the alkaloid with an antibody in the animal's circulation may be tried. After-pains can be the evidence that the affected uterus is an organ belonging to a hysterical woman. Such a case is a type of the kind which can be relieved by a hot stove lid or the more aristocratic hot water bottle. The mother's nervous system can do wonderful stunts in the carrying period. The dietary of the pregnant individual may be peculiar. Cheese and orange marmalade will touch the right spot in one, and another may demand raw beefsteak and ice cream.

An obstetrician's case book usually contains a variety of experiences. Here is an example: A woman near term was the owner of an old cat and three half-grown kittens; suddenly she developed an aversion to her formerly much loved pets, and she determined to execute the cats by chloroform anesthesia. Her medical adviser was

Digitized by Google

summoned, and the first two cats were confined under a soap box with four ounces of chloroform on cotton balls, with quilts over the box. An effort to inject the other two cats into the box, allowed the first victims to escape. Then began a wild chase through the house from cellar to garret to capture the excited cats. In the midst of the chase the waters broke, and the woman was delivered of a healthy child in an easy labor. But the cats got on her mind and after-pains of a vigorous type persisted for a week. It was a small matter to be accused of killing four cats; the large matter was that the cause for the condition could not be removed.

An aching tooth can so upset a mother as to give rise to after-pains. When the sympathetic neighbor drops in and out of the abundance of her sympathy recommends a dose out of a black bottle, or some kind of a nog made out of a pullet's egg with peach brandy, and flavored with nutmeg there may be the devil to pay.

After-pains are so common as to be treated with contempt by everybody except the patient at times, and yet the man who has tact, diplomacy and medicine to multiply acute observation can earn a patient's gratitude. That is equivalent to saying his reputation is likely to put forth an unexpected ring of concentric growth occasionally In obstetrics, as Shakespeare says, "We are advertised by our loving friends."

Consumption Declared a Notifiable Disease.—An English government order has been issued making tuberculosis of the lungs a compulsorily notifiable disease from January 1, 1912. The advisability of this step has long been under the consideration of the health authorities, and in certain districts local health authorities have adopted optional notification, making an arrangement with the doctors who voluntarily agreed to report the disease. It is now held that universal compulsory notification is an indispensable preliminary to the effective administrative control of pulmonary tuberculosis. Though the death-rate from pulmonary tuberculosis is still higher than that from any of the notifiable diseases (the specific fever), it has shown a marked decline in the last thirty years. In 1881 it amounted to 18.25 per 10,000; in 1891 to 15.99; in 1901 to 12.64; and in 1909 to 10.93. The decrease has coincided with a marked increase in local administrative activity, including greatly improved sanitary arrangements.

WHAT THE MEDICAL EDITORS ARE SAYING.

Salvarsan Treatment of Syphilis.—Although it is true that our positive knowledge of syphilis dates from Metchnikoff and Roux, who in 1903 inoculated anthropoid apes and subsequently monkeys of various breeds, to Schaudin and Hoffmann, who in 1905 discovered the specific microorganism, and to Wassermann, Neisser and Bruck, who published in 1906 their application of the Bordet and Gengou phenomenon of complement fixation for the determination of specific infection, it should be remembered that the modern findings have by no means reversed the teaching of the period immediately preceding these discoveries, but have in many respects simply accentuated them. Thus it was generally known and believed, long before the discovery of the treponema, that the disease must necessarily be due to a micro-organism. Its method of transmission was universally recognized, as was the fact that desiccation and antiseptics quickly destroyed its vitality. Until Ehrlich's announcement the treatment was not materially altered, except from the standpoint of prophylaxis. In regard to the latter it was conclusively shown by laboratory experiments that rubbing in of a 33 per cent calomel ointment, even some hours after inoculation, would render such inoculation negative. Ehrlich synthesized diamidoarsenobenzol, and the immediate results following its use both in the laboratory and in clinics marked apparently a new era in the therapeutics of syphilis. The results announced from practically all sources were almost unbelievable. Both early and late symptoms disappeared with miraculous speed. The positive Wassermann reaction became negative, and cure was apparently accomplished by a single and presumably non-toxic dose.

A further experience at the hands of the profession at large, who constitute the final jury before which all new medicaments must be judged, has proven the comparative non-toxicity of salvarsan, and has shown that it may be given either intramuscularly, intravenously or subcutaneously in doses up to 1 gramme with safety; that the usual dose of 0.6 gramme may be given intravenously and repeated subcutaneously in a week with entire safety; that under this injection specific manifestations usually disappear with much greater rapidity than is the case when mercury is administered, even in its most efficient form; that the Wassermann reaction disappears as a rule after such injections. It

Digitized by Google

has also been shown, however, that recurrences are frequent, that a Wassermann reaction which had been rendered negative may become again positive—indeed, the Wassermann reaction negative before injection is sometimes rendered positive by it; that all cases are not cured by salvarsan; that mercury particularly, and incidentally iodine combinations, still have distinct value.

The tendency of the present is toward repeated injections of salvarsan, continuing the cure over months and regulating the repetition by the presence or the absence of the Wassermann reaction. As to the peculiar value of the new remedy, it has proven itself especially efficacious in those cases of malignant syphilis and of late syphilis in which mercury is of no avail. Against parasyphilitic phenomena, notably well-advanced tabes and progressive paralysis, it seems to be entirely inoperable.

It is surprising that a heavier mortality is not reported incident to its use. It would naturally be expected that, given as it now is to patients by the hundred thousands, there would at least be a percentage possessed of idiosyncrasy who would exhibit toxic symptoms. But few such have been reported.

Finger's cases illustrating apparently a selective action upon the nervous system are not convincing. The known mutability of nervous phenomena in syphilis might readily account for the course which they pursued.

As to the method of injecting arsenobenzol, the intravenous seems to be the one of choice. This because it is painless and if the medicament be widely diluted is unattended by danger save in those with advanced cerebrospinal or renal degeneration. The technique usually adopted consists in passing a sharp needle through the skin into the vein and letting the solution run in slowly at body temperature. Thereafter there is likely to be some nausea, at times vomiting, and at times a chill. The following day the patient is well.

This is the theoretical aim to be attained, and if a needle be passed into the vein and kept there during the entire injection it is the result which usually follows. As a matter of fact if any of the arsenobenzol escapes into the cellular tissue there results violent inflammation, intense pain, and occasionally a sloughing sore.

The intramuscular injections occasionally cripple a patient for a week and leave him with an indurated mass for months or exceptionally break down and discharge pus, usually sterile.

When a syphilitic patient presents himself to the physician, the latter will naturally ask himself whether he is or is not required to use arsenobenzol. Under ordinary conditions the answer will be in the negative. The usual case of syphilis can be efficiently treated and permanently cured by mercury, and this drug can be given without pain; moreover its dosage and action are well understood. The mercuric treatment should be intensive up to the tolerance of the patient—i.e., up to the dosage he can take without loss of weight or deterioration of health should be begun as early as possible, and should be continued until the Wassermann reaction is permanently absent. If the physician has the appliances for properly administering arsenobenzol he surely is justified in giving it, but is not compelled so to do at the present time. If his case is one in which mercury is not efficient the arsenobenzol is distinctly indicated.

As to the Wassermann reaction, when found by a competent observer and strongly positive, it is proof that syphilitic infection persists in the body. The negative finding is not of equal value. It follows that if after a course of treatment by mercury, salvarsan, or any other medicament, the Wassermann reaction still remains positive, the treatment has been inefficient and should be increased and strengthened, if this be practicable, without interfering with general metabolism.

A persistence of the Wassermann reaction many years after an apparent cure of the specific infection is of unfavorable prognostic moment, pointing as it does to the persistence of latent or visceral syphilis. Such persistence is an indication for an intermittent specific treatment.—Therapeutic Gazette.

Alcohol a Depressant.—The fact that alcohol is in large doses physiologically a depressant, so often ignored by the public and by their preceptors, the physicians, as well, acquires additional importance from the circumstance that the majority of men and women will not do to excess what they know is harmful to them. Great is the evil that has come to the human race through the misuse of the term stimulant for depressant. If it is the duty of the medical man to teach his public that the familiar housefly is a "typhoid fly," surely it is his duty to instruct his public that alcohol is a depressant, "crushing," and "subduing" rather than a stimulant "goading on" to increased activity—asthenic and almost never sthenic. The immeasurable misery

Digitized by Google

caused by alcohol in this world of ours, as is generally recognized, lies largely in two of the circumstances related to alcohol: one of these is that the drug is a sedative and financially, as well as otherwise, a very expensive one; the other one is that habituation to its use is both easy and enslaving. Let us see then how it is a depressant in each essential phase of its physiological working.

In metabolism it acts always, even in small amounts, to lower the body temperature, and in quantity it cools the tissue-protoplasm beyond recovery. The sense of body heat, of course, arises almost wholly in the skin and alcohol raises the surface temperature by a marked vasodilation. This effect far outbalances whatever increase of heat-production comes from its endogenous combustion. Herein is the most essential of all possible modes of depression. Despite the fact that in amounts of not over 50 or 60 c.c. daily alcohol is oxidized largely in the musculature, the action of the muscles is disorganized and rendered less powerful as well as far less efficient. The apparent stimulation of the heart in rate and vigor, recent physiology construes as in reality a depression of the vagal influence over the ventricles—two negatives thus making a positive. But even so, the rest-periods of the organ are shortened materially, its total strength being therefore literally depressed in a period which is long enough to involve fatigue.

Respiration is markedly affected by large doses of alcohol, the medullary centers being apparently directly depressed by the poison in the blood. Digestion is checked by alcohol in large amount, the action being local on the mucosa as well as reflex and sympathetic. The nervous system is typically depressed by alcohol, as one may often see in the immunity of intoxicated persons to falls and blows upon the head and other seats of nerve-masses. Mental action, too, is depressed in nearly every case with the exception of the imagination and certain phases of emotional activity of less efficiency and value than the all-important chromaffin and thyroidean system by alcohol may be presumed from their close dependence on normal metabolic conditions, but the action of alcohol in this respect remains to be worked out. The "stimulating" effects of alcohol, then, are rather apparent than real, for in nearly every case the phenomena may be shown to be really depressions of the inhibitory phase of the balance control which is so common in the organic functions.

Admiting that there are some unsolved points still in the physiological action of large doses of alcohol, the above statements seem at present time wholly safe as a rule of advice for physicians to use in their practice, especially since in this grave matter it is undeniably expedient always to be on the safe side. Here one can be at the same time pragmatic and entirely scientific and sincere. It is to practical medical men that the world will most gladly listen in this as in other respects relating to their physical welfare and the true physician will always recognize in his responsibility a privilege. —Med. Record.

Specialism.—An eminent gentleman spoke disparagingly of the modern tendency toward specialization in the healing art. Said he: "The day of the good old family doctor is or will soon become a thing of the past; now every portion of the body is covered by a specialty, except the umbilicus. And even that," concluded the learned one, "is in imminent peril."

We feel that the same plaint might have been made by a disgruntled wise man many centuries earlier. We have not stopped to verify our references, but if memory does not play us false, it is recorded that the specialist Nebsect, an Egyptian priest of the time of Rameses II, got into trouble through his original studies of the action of the heart. Another Egyptian specialist removed cataracts from the eyes of the widow of Cyrus, the Persian, subsequent to the overthrow by Cambyses of the Egyptian Psamtic II, 2000 B. C. Hippocrates forcibly corrected spinal deformities after the manner discovered by Calot in 1894. Celcius, a nose and throat specialist, in the first century of our era, advocated extirpation of the tonsils with the fingers, a method which today is considered up to date by English surgeons. And we might continue indefinitely in the same strain.

Our contention is that the tendency to specialize was the inevitable result of problems repeating themselves which called for original thought and recurrent experience, and that without it, scientific medicine must have been impossible. Nose and throat men who are equally expert rectal surgeons, are inspired of sources too remote to assure their doing work of an excellence to satisfy their themselves or their patients.

Lately a man presented himself, several of whose joints had long been swollen. We suspected syphilis. Gonorrhea was admitted, but syphilis denied. We attempted to make a diagnosis by exclusion. One specialist pronounced his sinuses, tonsils and teeth normal; another examined his urine,

Digitized by Google

feces, blood and internal organs; a third X-rayed him. We were able to exclude tuberculosis and other sources of infection. Finally a fifth specialist, by the so-called Wassermann reaction, verified our suspicion of syphilis. It took us three days to make a diagnosis. An equal number of good old family doctors had been three years making none at all.

We pause to prophesy that specialization will, in the future, be carried to still greater lengths and that mankind will be the gainer thereby.—Calif. State Journal.

The City of Chicago has purchased 100 acres of land at North Fortieth, Bryn Mawr, and Peterson avenues, and is expecting to build in this locality a great municipal tuberculosis sanitarium. The plans have been prepared for the buildings and the total cost of the institution is estimated at about $878,000. It will provide accommodations for 1500 patients a year.

Dr. George W. Webster has tendered his resignation as president of the Illinois State Board of Health. Dr. Webster has held this position for ten years, and for eleven years has been a member of the board. The many friends of Dr. Webster, who know the and conscientiousness of his work, regret exceedingly that he has found it necessary to take this step.

A representative of the anti-vaccinationists appeared before the commission framing the proposed charter for St. Paul, Minn., requesting that the provision relating to compulsory vaccination be submitted to the people separately, or that it be amended to give the common council rather than the health commissioner the power to determine when an epidemic exists. The commission took the matter under advisement.

The Use of Camphorated Oil in Peritonitis.—Dr. Hicrshel (Zentrbl. f. Chir., No. 30, 1911), after further experience with this method, recommends its use because of its favorable action upon the heart, the rapid restoration of the intestinal peristalsis, and the action of the oil in promoting adhesions and thus localizing the peritonitis. The procedure is carried out as follows: After abdominal section the pus is removed from the peritoneal cavity by dry means and then the camphorated oil, 1 per cent, thoroughly applied over its entire surface with a cotton pledget, a quantity of the oil also being poured into Douglas's pouch. The entire amount used varies from 200 to 300 gm.

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-seventh Annual Meeting, held at Nashvile, Tenn., Oct. 17-19, 1911.

(Continued from page 514.)

Operative Treatment of Gonorrheal Epididymitis.—Dr. Francis Hagner, Washington, D.C.: I do not operate in every case of gonorrheal epididymitis, as the milder forms often recover promptly under appropriate expectant treatment. Until operative procedures were resorted to in acute gonorrheal epididymitis very little seemed to have been known of the gross pathologic appearance of this condition. In some cases on exposure of the epididymis multiple abscesses can be distinctly made out before puncture; in others abscesses cannot be made out until punctures are made. Eighty per cent of my cases have had pus present in the epididymis, varying from a few drops to 1 and 12 drams, and yet the text-books on surgery state that gonorrheal epididymitis very rarely goes on to suppuration.

DISCUSSION.

Dr. J. W. Handley, Nashville: I have had occasion several times to make incisions in the tunica vaginalis in cases of gonorrheal epididymitis, and have given my patients relief. The ideas Dr. Hagner has advanced in favor of operation are logical and worthy of serious consideration.

Dr. Hugh Cabot, Boston: We have operated in about thirty cases by Dr. Hagner's method, with gratifying results. I desire to lay stress on the results to the gonorrheal process by drainage of the epididymis, because it has seemed clear that in a certain proportion of cases—say 25 per cent—drainage of the epididymis very definitely shortens the attack.

Dr. Joseph Rilus Eastman, Indianapolis: I would like to know whether Dr. Hanger has found the colon bacillus in any of his cases of gonorrheal epididymitis. I have found colon bacilli in abscesses which ensued on what seemed to be a gonococcal epididymitis.

Dr. Perry Bromberg, Nashville: Shortly after Dr. Hagner described his method in the Annals of Surgery, 1908, I tried it in one case, and the relief was so great that I have since adopted it as a routine method. I have done the operation more than twenty-five times, and my results have been excellent.

Digitized by Google

Dr. F. R. Hagner, Washington: I have not found the colon bacillus in a single case, but I do not deny that it may have been found by others.

Relation of Renal Activity to Surgical Operation.—Dr. E. O. Smith, Cincinnati: The success or failure of a major operation depends largely on the the activity of the kidneys, of course, barring faulty technic and bad surgical judgment of the operator. The functional activity of the kidneys may be influenced by the shock incident to a major operation, by the anesthetic, by trauma to one or the other kidney, by calculi, or by ureteral obstruction from any cause. There are three distinct periods of every surgical case that require special care and attention; the preoperative period, the operation and the postoperative period. It is best to make a further study of the functional activity of the kidneys before operation. This is based on the observations that normal kidneys remove from the circulation certain products that have been introduced within a certain time, and that marked deviations from this time represent abnormal kidneys. Operation should be done as rapidly as consistent with good work, for the longer the operation the greater the shock, and the greater the shock the greater the circulatory disturbance, and in consequence of which the blood-supply to the kidney is diminished, a very apparent cause of renal inactivity. Immediately following the anesthetic the patient should be given oxygen inhalation. In old people and bad risks this should be continued for several hours. Hiccough and persistent vomiting following operations are indicative of diminished renal activity and should be looked on as a warning rather than an independent complication calling for special treatment. When anuria does occur, the best treatment is fluid introduced into the veins, sweating and morphin. We have always used saline solutions, but Foischer's solution and alkaline solution are far more effectual.

DISCUSSION.

Dr. William N. Wishard, Indianapolis: A study of the urine prior to operation, where it is found to be abnormal, is considerably influenced by the various preoperative or preparatory measures to which Dr. Smith has called attention. The specific gravity and the percentage of urea and the general condition of the urine are helpfully influenced by drainage. In a certain class of cases I drain the bladder, where it is possible for two or three days or longer prior to operation. We do not always estimate the importance of shortening the period of anesthesia in its relation to renal function.

Dr. Hugh Cabot, Boston: In our practice in the last two years in operations on the prostate, we have used spinal anesthesia as the anesthetic of election where the kidney function was below a fair standard, and many patients have recovered who we feel would not have recovered under general anesthesia. We have used gas and oxygen with excellent results, and in cases of damaged heart that anesthetic is to be preferred.

(To be continued)

A Medical Lord Mayor.—Sir Thomas Boor Crosby, M.D., was inaugurated Lord Mayor of London on November 9. His term will be the 723d Mayoralty of the city, and, as he is 81 years of age, he is one of the oldest, if not the oldest, citizen ever to occupy the office. He is also the first medical man honored in this way. He was knighted in 1907. He is a Fellow of the Royal College of Surgeons and ex-President of the Hunterian Society. At one time he was Demonstrator in Anatomy and House Surgeon at St. Thomas's Hospital.

The St. Louis Society for the Relief and Prevention of Tuberculosis is actively engaged in its campaign for the sale of American Red Cross Christmas Seals. Last year the society raised $6,000 by this means. This year it expects to double the amount. The entire proceeds, with the exception of 12½ per cent, will be devoted exclusively to the prevention of the disease in this city. The 12½ per cent is to be given to the National Association for furnishing seals and all advertising matter. A large number of the civic, trade, professional and social organizations are co-operating with the society in its undertaking.

Pediactric Memoranda.—Herman B. Sheffield, New York (Med. Rec., Dec. 9., 1911), presents the history of a case of congenital megacolon which resulted in intestinal obstruction and putrefaction and ended fatally. The child suffered from constipation, colic, and vomiting. When three years of age the patient had a large and tense abdomen and was much emaciated. Cathartics did not facilitate defecation, but much pain was the result. Just before death operation disclosed an enlarged colon and contracted sigmoid. The author also describes a fetus in which there was anal and rectal atresia accompanied by other deformities.

Digitized by Google

FAVORITE PRESCRIPTIONS

Pulmonary Emphysema.—Robin, in his "Therapeutique usuelle du praticien," advises that the respiratory passages be kept in an aseptic condition. He uses the following:

Bismuth. subnitratis .....
Acidi borici.....aa grn. lxxv
Camphor.....3iiss
Cocainae hydrochloridi.....grn. ½
Mentholis.....grn. ¾
Mix thoroughly.
Sig.: For a snuff.

Before using the foregoing, the passages may be washed with a 3 per cent solution of borax. The same solution, flavored with mentholated alcohol, may be used for the mouth and throat, or a good liquid dentifrice will serve.

As to internal treatment by drugs, Robin prescribes:

Sodii arsenatis.....grn. ¾
Potassii iodidi.....grn. lxxv
Aquae dest.....℥x
M. Sig.: Large tablespoonful ten minutes before meals. Continue for ten days, then intermit.

For the ten days of intermission, order:

Strychninae sulphatis.....grn. ss
Aquae dest.....℥x
M. Sig.: Dessertspoonful twice a day.

Robin points out that all treatment of pulmonary emphysema is more or less palliative, as the condition is essentially chronic. Strict hygienic precautions are demanded, change of air, care in diet, etc. —N. Y. Med. Jour.

Treatment of Profuse Sweating.—Dr. G. Norman Meachen, in the Practitioner for October, states that of the many remedies that have been recommended, those that are really useful are formaldehyde, potassium permanganate, salicylic acid, quinine, tannic acid and its derivatives, and boric acid. Broadly speaking, it may be said that powders are helpful for their drying and absorbing effects, while lotions are used for their astringent or antiseptic influence. He gives a selection of those formulae which have proved their efficacy:

For Sweating Feet.—Bathe the feet well every night with a warm one per cent solution of potassium permanganate; dry thoroughly. The next morning dust on the following powder:

℞ Potassium permanganate.....3ij;
Powdered alum.....grs. xx;
Talcum powder.....℥j;
Precipitated zinc carbonate,
Zinc oxide.....aa ℥ss.
Misc. Fiat pulvis.

If powders are objected to, white stockings that have been soaked in a saturated solution of boric acid may be worn. The strength of the permanganate bath may be gradually increased, and in mild cases this will bring about a cure.

When bromidrosis is a distressing feature applications of formaldehyde are more suitable, though it must not be employed above ten per cent strength if there is any fissuring or secondary dermatis present.

For sweating hands.—Bathe with one of the following lotions twice or thrice daily:

I.

℞ Tannic acid.....℥j;
Eau de cologne.....℥ij;
Alcohol.....℥vi;
Water.....ad ℥viii.
Misce. Fiat lotio.

II.

℞ Quinine sulphate.....℥j;
Alcohol.....℥vi;
Rosewater.....ad ℥x.
Misce. Fiat lotio.

Bismuth-Iodin Paste in Discharging Sinuses.—(By L. D. Green, M. D., San Francisco.)—In a case of discharging sinus following an operation for carcinoma of the breast, the surgical measures usually employed in such cases failed to close the sinus. After trying the various methods for two months. Beck's bismuth paste was used for three months also without success. I then incorporated in the paste tincture of iodin with the result that with three injections the sinus closed in ten days. I have since then used it in a number of other cases of discharging sinus with equally good results.

I have been unable to find in the literature this method of using Beck's paste and iodin and therefore report it to the profession for further investigation. The formula used is as follows:

Bismuth Subnitrate.....30.
Vaseline.....60.
White Wax.....5.
Paraffin.....5.
Tincture of Iodin.....2.

The iodin should be added after the other ingredients have been thoroughly mixed and the paste well stirred whenever used.

As there is a possibility of absorbing too much iodin where the amount of paste used is large, the proportion of iodin may be reduced accordingly in such cases.

Digitized by Google

TO THE FRONT
SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner.

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Recent Additions to the Teaching Force of Washington University Medical School.—Dr. Arthur O. Fisher (A. B., University of Wisconsin, 1905; M.D., Johns Hopkins University, 1909) has been appointed Instructor in Surgery. Dr. Fisher was resident house officer at the Johns Hopkins Hospital in 1909-10 and assistant resident surgeon in that hospital during 1910-11.

Dr. Walter S. Thomas (M.D., University of Texas, 1906) has been appointed Instructor in Pathology. Dr. Thomas was Fellow in Pathology at the Johns Hopkins Medical School, 1908-9, and assistant in Pathology at the same institution in 1909-10.

Dr. Borden S. Veeder (M. D., University of Pennsylvania, 1907) has been appointed Instructor in Pediatrics. Dr. Veeder did academic work in Colgate University before entering upon his medical studies. He was resident physician in the University Hospital at the University of Pennsylvania, in 1907-8; pursued graduate studies in Berlin, 1908-9; and was assistant demonstrator in Pathology in the University of Pennsylvania, in 1909-11. During 1909-11 he was also pathologist of the St. Christophus Hospital for Children, and in 1911 resident director of the Babies' Hospital in Philadelphia. He is a member of the honorary Society of Sigma Xi.

Victor H. K. Moorhouse (A.B., University of Toronto, 1908; M.B., 1910) has been appointed Assistant in Physics and Pharmacology. Mr. Moorhouse was class assistant in Pharmacology in the Medical College of the University of Toronto, and in the session of 1910-11 was holder of the George Brown Memorial Scholarship. He is the author of papers on "The Effect of Increased Temperature of Carotid Blood," and "Factors in Heart Acceleration in Fevers," the first published in the American Journal of Physiology, the second read before the Ontario Medical Association.

Dr. Douglass H. Morse (B.S., University of California, 1906; M. D., Johns Hopkins Medical College, 1910) has been appointed Resident Pathologist at the Washington University Hospital. Dr. Morse was resident house officer at the Johns Hopkins Hospital in 1910-11.

Cleveland A. Newton (LL.B., University of Missouri) has been appointed Lecturer on Medical Jurisprudence.

Earliest Civilization 200,000 Years Ago.—All the barbarians the Romans conquered knew the use of metals. We can put the age of metals as beginning at least five or six thousand years back. Before that came the age of polished stone, which can be traced back many thousand years beyond the age of the metals. Then comes the glacial period. When scientists find in a country that underwent the glacial period the remains of primitive men where it is known that ice and snow lay for many thousand years, it is obvious that he must have been there before the glaciers. In this way one hundred thousand years is given as the minimum time that must have elapsed since most of these men fought and laughed and lived, and experienced very likely most of the emotions that we know today.

The earliest stratum of civilization that has been unearthed—which would date back perhaps two hundred thousand years—shows a few human remains, some char-

Digitized by Google

coal and bits of very crude stone work. The second layer shows various varieties of quartz and jasper used by man and certain kinds of hard stone used as hammers. During both these periods the reindeer and the bison were familiar animals.

The third stratum shows the same sort of utensils as the second, except that a kind of curved scraper, used perhaps to shape bones, begins to appear. In the fourth stratum there are many of these scrapers. They had been put to good use, for there are many bone points, blunt and sharp, and a stag horn has been found at this stage with the end hollowed out for the insertion of a stone implement. They were beginning to understand the use of hornstone, too.

In the next layer there are many of these hornstones, and the implements are very well made. The hornstone points are carefully shaped, growing gradually broader towards the end that was held in the hand. The sixth, seventh, and eighth layers show the hornstone point, bone points with cleft bases, and bits of reindeer horns that served a shaftings for stone implements. The ninth layer shows very fine stone industry, including a few statuetts very well made, one representing a woman with hair much curled, like a negro's. This figurine proved that the artist was a master in representing the human form.—Ex.

Galveston, Texas, has long been famous as a winter resort, and since the building of its wonderful seawall, is becoming more popular than ever, as this great cement wall affords absolute protection from tidal waves. The building of the new hotel, "Galvez" marks an era in the history of Galveston, and offers to the winter tourist not only all the "comforts of home," but all the luxuries of a modern high class hotel. The building is of reinforced concrete, Spanish mission style, and is perfect in all its appointments. Guests have every opportunity for recreation—golf, horseback riding, bathing in the beach (every day in the year), fishing and hunting The "Galvez" is under the management of Mr. J. F. Letton, an experienced hotel man, who will be pleased to have physicians call and inspect the sanitary appointments, as well as the advantages of the salubrious climate, there being no malaria here. A beautifully illustrated booklet will be sent on application.

Pneumonia.—Pneumonia is one of our most fatal diseases and certainly no ailment calls for greater painstaking attention and handling. While it is possible to safeguard the life of the patient if treatment is begun at the first sign of the disease, it is equally certain that the prognosis will be unfavorable where treatment has been deferred until the disease has advanced sufficiently to embrace an extensive area of the pulmonary tissue. In the primary stage of pneumonia, glyco-heroin (Smith) exercises a calming, febrifuge and sedative effect. The remedy relieves the engorgement of the involved area and renders an advance of the disease to the second stage improbable. The second stage, or that of consolidation, is marked by increased pain, more difficult breathing, weakened heart action and considerable exhaustion. On account of the deficiency of respiration due to the diseased state of the breathing passages, the blood-supply is made insufficient. Glyco Heroin (Smith) renders good service at this stage of pneumonia by sustaining heart action, thereby increasing blood-supply and shortening the course and extent of the tissue-consolidation. If the disease is permitted to advance, the consolidation becomes more widespread, the heart action is reduced to alarming limits and death may be the result. At this critical stage, glyco-heroin (Smith) is of almost inestimable value, for it is a dependable means of sustaining the strength of the patient and conducting him safely through this most trying period.

Carbohydrate Feeding in Typhoid Fever.—E. R. Gardner, Pittsburgh, Pa. (Med. Rec., Dec. 9), employs in typhoid fever a carbohydrate diet including a mixture of milk, cream, and sugar of milk every three hours; soft boiled eggs; stale bread and butter; tomato, bean, chicken, or beef soup; oatmeal gruel; coffee, etc. Under this diet the patients lose the typical typhoid facies, have a good appetite, and have less toxemia, nervousness, and mental depression. Emaciation is less, the stools are formed and well digested, and there is a rapid return to normal health. In many cases under the customary treatment starvation has been added to toxemia. The use of lactose to keep the intestines acid lessens the production of toxins. Intestinal antiseptics are useless and often disturb digestion. Lactose is the natural sugar of man and animals, of high caloric value, a powerful diuretic, and protecting the nitrogen of the body. It is not bulky and does not cause nausea or ferment easily. It prevents the bacterial decomposition of protein by changing the character of the bacteria in the intestinal tract.

Digitized by Google

An Important Move to Insure Physiologically Active Ergot and Digitalis.—The H. K. Mulford Company have again demonstrated their scientifically progressive policy in announcing that from this time, special labels with the date on which all fluid preparations of ergot and digitalis were physiologically tested and approved by their laboratories, will be placed upon each package.

We have become accustomed to seeing the date of manufacture on the labels of serums, vaccines, bacterins, etc., and it is not surprising to see this progressive firm take the lead in placing dated galenicals on the market. The new dating system will be applied however only to the liquid preparations of those two of the most important of our vegetable drugs, ergot and digitalis, which are particularly prone to deterioration.

In the case of fluid preparations of digitalis and ergot, particularly the latter which is so often employed as an emergency remedy, it is not right that the physician should be subjected to the possibility of employing an old, and perhaps weaker product. Because of the possibility of their deterioration, the H. K. Mulford Company proposes to safeguard pharmacist, physician and patient, by making it possible for the physician to prescribe and the pharmacist to dispense only preparations of digitalis and ergot which have recently been tested and standardized—physiologically and chemically.

For this advanced step, the H. K. Mulford Company deserves great credit, for they not only place the date of test on each package, but they recommend the purchase of quantities to supply the pharmacist's needs for not longer than six months. They cannot do more, for no one can tell how long those preparations will keep. Preparations two or three years old have been tested and found entirely satisfactory for use, and on the other hand a considerable deterioration has occurred in less than one year. Liquid preparations of these drugs should remain satisfactorily active, however, for at least a year if they are kept in a cool place, protected from the light.

Aspirin as a Cough Remedy.—(By Professor W. Ebsteir, Goettingen.)—Aspirin, acetylsalicylic acid, enjoys great popularity in a variety of diseases, and the number of cases in which his remedy is indicated would be considerably augmented if my recommendation of its use as a cough remedy would be verified by others. I became acquainted with its curative action accidently. An otherwise healthy lady, 60 years old, had suffered with catarrhs of the upper air-passages, which usually had a tendency to extend down into the bronchi. They were accompanied by extremely distressing attacks of cough, which particularly disturbed her sleep. For the relief of migraine during such a catarrhal attack I advised her to take aspirin tablets. Apart from their prompt curative influence in this respect, my attention was directed to the fact that the cough paroxysms likewise were not only greatly ameliorated but became less frequent. This was observed every time the attacks recurred as soon as the drug was administered. After a few days the catarrh, which had usually persisted for a long time, was completely removed. An equally favorable effect was observed in the case of a lady, 74 years old, who was subject to paroxysms of cough of a far more distressing character, attended with profuse expectoration. She had suffered frequently for many years from such attacks, resulting from pulmonary emphysema, with marked and constantly increasing cardiac weakness. As a rule they were prolonged over several weeks, caused extreme discomfort, and completely disturbed her night rest. Codein, which was prescribed for the relief of the attacks, failed to effect any material improvement in the customary doses, and was unable to shorten the duration of the bronchitis. On my advice the patient now resorted to aspirin, taking a tablet of 0.5 (8 grains) 4 times daily. During its administration a considerable shortening of the different attacks took place, with a diminution of the expectoration, as well as so marked a decrease in the duration of the catarrh that this was completely relieved within a week. No narcotics were employed during this period.

Dr. Burgess has shown in his books and articles that sulphate of magnesia is an agent of wide range and usefulness.

Digitized by Google

MEDICAL MEMORANDA.

Hygiene of Pregnancy.—Every physician should send 10 cents to Dr. E. S. Harris, Box 728, Blue Springs, Mo., and procure a copy of his brochure on the care of mother and infant. They are to be given to mothers and prospective mothers and contain much needed advice. This is the only thing of the kind and will greatly interest you.

For Sale.—One 24-plate static machine, in perfect condition, with X-ray tube, one-fourth horse power motor, and all accessories. Will sell for half-price. Call and see it in operation. J. J. Bansbach, M. D., 825 Frederick avenue, St. Joseph, Mo.

Bronchitis.—I put triacol to the test, and the results were so satisfactory, that I have prescribed it several times since. In cases of severe catarrhal bronchitis, which are usually very stubborn, the results were very satisfactory indeed. I do not know how the prescription could be improved upon.—Dr. A. B. Wilson, Buffalo, N. Y.

"**For some years** there has been a tendency among the profession to use sodium salicylate to the practical exclusion of other agents in the treatment of acute articular rheumatism. Even the therapeutic nihilist has conceded to sodium salicylate the first place in rheumatism, as he accords it to quinine in malaria, or to antitoxin in diphtheria. The recent reports by Monzer, a surgeon in the German army, tend to discredit the too implicit faith placed in the use of the salicylate alone in acute articular rheumatism. It is not denied that the salicylates pushed to effect will alleviate the symptoms, but he asserts that cases so treated are more subject to relapse and to permanent deformity than are those in which other remedies are exhibited, and that there should be incorporated with the salicylates other agents which will not encourage injurious complications." In tongaline, sodium salicylate from the natural oil is combined with tonga, colchicum, black cohosh and pilocarpin, whereby the organs of elimination are greatly stimulated, so that prompt and efficient results are secured without the necessity of such large doses of the salicylates as to cause any harmful effects.

Tissue Nutrition in Grippal Convalescence.—If grip were free from treacherous sequelae, the physician could dismiss his grip patient after the acute period of the disease had passed, feeling sure that an uneventful return to health would soon follow. But these sequelae strike when least expected. The heart muscle fails, with resulting acute dilatation; or a tuberculous taint manifests itself. If it were made a routine practice to insist that grip convalescents take a tissue food of proven merit, such as cord. ext. ol. Morrhuae comp. (Hagee), the complications and sequelae of this infection would not be met so frequently and in less distressing form. Cord. ext. ol. Morrhuae comp. (Hagee) contains the very elements the drained system needs to restore it to health and vigor, the contained extractives of the cod liver oil, coupled with the hypophosphites of lime and sodium, supplying this need in admirable manner.

The Fundamental Needs of the Body.—As the recent graduate in medicine enters upon his life work he very soon finds that certain fundamental needs of the body form the main indications for practically all medical treatment. Among these needs, the one which will appear most often is the necessity for restoring or reinforcing the vital forces of the organism. No matter what the disease may be, one of the most promineut as well as constant symptoms is inanition or debility. This is the essential result of the functional derangements which attend every pathologic process, and no complete or perfect recovery therefrom can be expected until the vitality has been materially increased, the various functions regulated and restored, and the physiologic balance of the whole body re-established. The great problem for the conscientious physician is how to accomplish the foregoing in the shortest time and with the greatest surety of permanence. At the outset he will see that the body is trying to return to a state of health, that Nature however enfeebled and weakened is doing her best to overcome the baneful forces of disease and restore normal conditions. With this so evident, what better course than to support and aid to the fullest Nature's efforts toward recuperation? Certainly no line of treatment is more prompt and positive in its effects and if the clinical results are any criterion he ideal way of overcoming physical debility and inanition is to aid and reinforce the natural reconstructive and restorative forces. This is distinctively the missiou of the tonics, and the young physician who seeks a remedy of this class that will serve him faithfully and well should give Gray's glycerine tonic comp. a careful trial. For over eighteen years this dependable tonic has been employed day in and day out by discriminating physicians, and the uniform results that they have been able to obtain speak conclusively of its therapeutic worth and reliability. In all the various conditions calling for the use of a remedy to act, not as a whip or lash, but as a support, an aid to and a reinforcer of vital processes, the practitioner will find Gray's glycerine tonic comp. thoroughly dependable. It has no contraindications like so many reconstructive measures and can be freely used at all seasons, for patients of all ages, and under all conditions. In the treatment of the very young or the very old it will prove equally effective and produce the same desirable effects in sharpening the appetite, improving digestion, increasing assimilation and promoting elimination. Under its systematic administration the nutrition is improved, debility disappears and the vitality of the whole body is substantially raised. A valuable and interesting booklet has been prepared by a physician of broad clinical experience on "The Value of Tonic Medication." This give a great deal of practical information concerning the use of Gray's glycerine tonic comp. and will be sent to any physician on request. Address The Purdue Frederick Co., 298 Broadway, New York.

Digitized by Google

CATALOGUED
J. F. B.
BOSTON MEDICAL LIBRARY

THE MEDICAL FORTNIGHTLY

INDEX TO VOLS. XXXIX-XL, 1911

ORIGINAL ARTICLES

Abdominal Drainage.—Blickensderfer..... 519
Abdominal Position for Drainage in Suprapubic Prostatectomy.—Scherck 34
Abortive Treatment of Gonorrhea.—Jamieson 117
Aphonia.—Brose..... 135
Antistreptococcus Serum.—Boice..... 292
Artificially Cooled Hospitals.—Woodruff..... 344
Cause and Cure of Ingrown Toe Nails—Miller 18
Clinical Negative Phase in Bacterial Therapy.—Stewart 142
Cardiac Murmurs and Their Clinical Significance.—Moorman..... 245
Chloroform Habit.—Waugh..... 342
Conjunctival Flap, The.—Mann..... 524
Conservation in Our Young People.—Lewis... 385
Conservative Treatment of Pelvic Infections.—Wahrer..... 477
Contribution to the Medical History of Napoleon's Campaign in Russia in the Year 1812.—Rose..... 409
Cholecystitis.—Bell 499
Epidemic Influenza (La Grippe).—Stephens... 321
Dementia Precox and Scientific Research.—Holmes 457
Emergency Surgery—Medical Education and Hospitals.—Broome..... 361
Gases in Their Relation to the Body.—Benedict..... .....76, 116, 161
Glaucoma.—Clark 322
Hemorrhage and Infection.—Bowers..... 201
Ileus Paralyticus Relieved by Operation.—McIlhaney 94
Influence of the Mind on Health and Disease.—Lanier..... 113
Important Difference Between the Opsonic Negative Phase and the Clinical Negative Phase in Bacterial Therapy.—Stewart..... 142
In the Twilight.—Warren.....165, 186, 208, 248 275, 296, 318, 341, 345, 390, 413, 438, 480, 504, 525
Is Anything the Matter with the Doctors?—Robinson..... 181
Indications of Nephrectomy.—Smith..... 289
Intestional Lesions Caused by Abdominal Contusions.—Enderlen 365
Kiss of Death, The.—Bogart..... 249
Medical Profession Must Change Its Tactics.—Robinson 35
Mattoids.—MacDonald..... .. 157
Medical Education.—Braswell 522
Mental Strain.—Field 425
Modern Management of Pneumonia.—Baruch 391, 415
Need of Adequate Language.—Benedict..... 56
Note of Tubercular-Phobia.—Pope..... 205
Neuro-Functional Disturbance in Children and Best Treatment to Prevent and Correct Resultant Deformities.—Cokenower..... 431
Nosology. A Few Thoughts on the Matter of.—Wahrer..... 79
One Side of True Analogy Largely Lost Sight of.—Clark..... 204
Open Air Treatment.—Field..... 247
Obstruction of the Male Urethra; a Resume, with Report of Cases.—Scherck..... 313
Pneumonia.—Servoss..... 97
Principles Involved in the Operation for Hernia.—Sanders..... 475
Personal Experience with Specific Vaccines. Clark..... 139
Practical Value of Lip-Reading.—Goldstein... 271
Pseudo-Hermaphroditism—Report of a Case.—Scherck 320
Practical Comments.—Marks..... 324
Principles Underlying the Treatment of Visceroptosis.—Thompson..... 497
Relation of the Eye to the Nervous System.—Clark..... 91
Remarks on Movable Kidney—Explaining the Use of a Non-Sawing Suture.—Elam..... 223
Reasons for Disinfection in Tuberculosis.—Hull..... 337
Relation of the Medical Profession to the People.—Wilson..... 453
"So-called Chronic Rheumatism"—Chronic Fibrositis.—Packard..... 11
Some Clinical Aspects of Urogenital Tuberculosis.—Bremerman..... 71
St. Louis' Municipal Hospitals—Rules for the Government of the Visiting and Resident Staffs 50
Supplying Anatomical Material,—Bogart..... 138
Surgical Eponyms.—Hagen..... 19, 187
Syphilis versus Accident and Life Insurance. Burnett..... 228
Self-Limitation.—Field..... 319
School-Room, The.—Field..... 459
Supervention of Carcinoma on the Site of Chronic Ulcer of the Leg.—Basham..... 340
Specialism.—Field..... 344
Some Thyroid Problems.—Davis..... 433
Treatment of Syphilis with "606" (Dioxidiamidoarsenobenzol); A Preliminary Report of Personal Experience in 40 Cases.—Boehm.. 14
Treatment of Patients Desperately Ill in Consequence of Accident (Shock, Hemorrhage and Infection).—Bowers..... 201
Typho-Bacillosis.—Waugh 206
Treatment of Shock.—Waugh 251
Therapeutics of Tuberculosis.—Porter 502
Treatment of Puerperal Sepsis with Particular Reference to Antistreptococcus Serum.—Boice..... 292
The Babies.—Field..... 502
Transmission.—Field 479
Vermiform Appendix, Some of Its Pathology.—Crosthwait..... 267
Venereals and the Schools.—Bogart 436
When and How to Operatively Treat Varicocele in the Male.—Heineck.....29, 49

EDITORIAL

A New Theory of Brain Localization..... 22
And What's the Matter with the Boys?..... 58
An Unusual Meeting of the St. Louis Society 58
A Problem of Intelligence..... 123
American Medical Association..... 252
A Civic Duty: Clean Up..... 188
A New Champion for Vivisection..... 189
American Medical Association..... 210
Another Year's Hospital Collection..... 507
A New Interpretation of Anaphylaxis..... 371
Annual Election of the St. Louis Medical Society..... 481
Changes in our Colleges..... 48
City Hospital Situation..... 297
Death of Dr. Albert S. Ashmead..... 144
Death of W. B. Outten..... 128
Death of Dr. Walter Wyman..... 506

Digitized by Google

Death of Dr. H. C. Dalton 482
De Senectute 167
Dr. Sajous and the New York Medical Journal 527
Doctors Banquet, The 527
Euthanasia Again 440
Hearing with the Eyes 277
Hospital Problem 348
Hospital Muddle 370
Hospital Commissioner Shutt 482
Independence Day 234
Independence Day Casualties 370
Independent Medical College 462
Los Angeles Meeting 278
Medical Society of City Hospital Alumni 24
Medical Meetings for 1911 166
Meeting of the State Association 210
Mississippi Valley Medical Association 396
Medical Nomenclature 483
Medical Education Statistics 397
New Treatment for Syphilis 37
Needed Municipal Department 396
Proctology as a Specialty 23
Physicians and the Drug Addictions 143
Present Status of Salvarsan 253
Pseudo-Hermaphroditism 327
Problem of Independent Medical College 419
"Practice of Medicine," The 507
Rules and Regulations of Our Hospitals 57
Rat Extermination 252
Season's Greetings, The 526
Social Hygiene 83
Sand, Sawdust or Salt 57
Salvarsan 122
Study of Mankind 211
Scientific Study of the Criminal Classes 277
"Successful Medicine" 327
St. Louis Medical Society's Election 506
The New Charter 37
The Unfortunate Son of Wealth 38
Trachoma at the St. Louis Industrial School. 99
The New Physicians 234
The Fly Pest 326
Unlabled Poisons and Similar Evils 23
Unapproved Methods of Treatment 100
Uncertainty of the Courts 168
Vaxectomy 419
Vox Populi Again 59
Vaccination and Antivaccination 461
What are You Going to Do about It? 189
Wiley, Doctor 299
Wassermann Reaction 326
What's the Use 349
Women's Arguments Against Suffrage 443
Water 460

CONTRIBUTORS

Achard, H. J ..... Chicago
Andrews, E. Wyllys ..... Chicago
Blickensderfer, C. H. ..... Shawnee, Okla.
Braswell, R. O ..... Fort Worth, Tex.
Bremerman, L. W ..... Chicago
Boehm, Jos. L ..... St. Louis
Benedict, A. L ..... Buffalo, N.Y.
Brose, L. D ..... Evansville, Ind.
Bogart, G. H ..... Terre Haute, Ind.
Bowers, Chas. E ..... Wichita, Kan.
Burnett, S. Grover ..... Kansas City, Mo.
Boice, C. A ..... Washington, Ia.
Basham, D. W ..... Wichita, Kan.
Broome, G. Wiley ..... St. Louis
Baruch, Simon ..... New York City
Boos Wm. F ..... Newburgh, N. Y.
Bulkley, L. Duncan ..... New York City
Brewer, G. E ..... New York City
Bell, J. M ..... St. Joseph, Mo.
Clark, E. E ..... Danville, Ill.
Crosthwait, W. L ..... Holland Tex.
Cokenower, J. W ..... Des Moines, Ia.
Cooley, E. L ..... St. Louis
Corbus, B. C ..... Chicago
Class, F. M ..... New York City
Cook, A. B ..... Nashville, Tenn.
Davis, Carl B ..... Chicago
Dawes, S. L ..... Albany, N. Y.
Elam, W. T ..... St. Joseph, Mo.
Enderlen, Prof ..... Wurzburg, Germany
Eaton, C. A ..... Boston
Field, D. L ..... Jeffersonville, Ind.
Free, E. K ..... Billings, Mont.
Goldstein, Max A ..... St. Louis
Gay, F. P ..... Berkeley, Calif.
Hagen, Martin ..... Chicago
Heineck, Aime Paul ..... Chicago
Hull, Theo Y ..... San Antonio, Tex.
Huhner, Max ..... New York City
Holmes, Bayard ..... Chicago
Hughes, C. H ..... St. Louis
Jamieson, W. R ..... Torreon, Coah, Mex.
Jones, N. W ..... Portland, Ore.
Kanstoroom, D. S ..... Brooklyn, N. Y.
Keyes, E. L., Jr. ..... New York
Lanier, L. Herbert ..... Kansas City, Mo.
Lewis, Denslow ..... Chicago
Lademann, O. E ..... Milwaukee
Loeb, M. J ..... New York
Lindley, Walter ..... Los Angeles
Lydston, G. Frank ..... Chicago
Mann, R. H. T ..... Texarkana, Ark.-Tex.
Miller, Chas. C ..... Chicago
Marrs, W. T ..... Peoria Heights, Ill.
McElhaney, C. W ..... Greenville, Pa.
McGrath, B. F ..... Rochester, Minn.
MacDonald, Arthur ..... Washington, D. C.
Moorman, L. J ..... Oklahoma City
Mayer, Edw. E ..... Pittsburg, Pa.
Monell, S. H ..... New York
Marks, H. K ..... Newburgh, N. Y.
Meara, F. S ..... New York
Ormsby, O. S ..... Chicago
O'Sullivan, J. J ..... New York
Packard, Maurice ..... New York
Pope, Curran ..... Louisville, Ky.
Porter, Wm ..... St. Louis
Robinson, Wm. J ..... New York
Rose, A ..... New York
Radue, W. T ..... Union Hill, N. J.
Reynolds, Walter S ..... New York
Scherck, Henry J ..... St Louis
Servoss, Geo. L ..... Fairview, Nev.
Stewart, F. E ..... Philadelphia, Pa.
Smith, E. O ..... Cincinnati, O.
Stephens, T. G ..... Sidney, Ia.
Storck, J. A ..... New Orleans
Synnott, Martin J ..... Montclair, N. J.
Sanders, St. Elmo ..... Kansas City, Mo.
Stanton, E. M ..... Schenectady, N. Y.
Thompson, Wm. McIlwain ..... Chicago
Tinker, M. B ..... Ithaca, N. Y.
Tyson, James ..... Philadelphia
Wahrer, C. F ..... Ft. Madison, Ia.
Warren, Chas. Everett ..... North Easton, Mass.
Waugh, Wm. F ..... Chicago
Woodruff, Chas. E ..... Manila, P. I.
Wyeth, John A ..... New York City
Walters, W. H ..... Boston, Mass.
Wilson, L. B ..... Rochester, Minn.
Weber, Leonard ..... New York
Whitney, C. M ..... Boston
Wilson, J. C ..... Philadelphia
Wells, E. F ..... Chicago
Wakefield, Homer ..... New York
Young, H. McClure ..... St. Louis

Digitized by Google

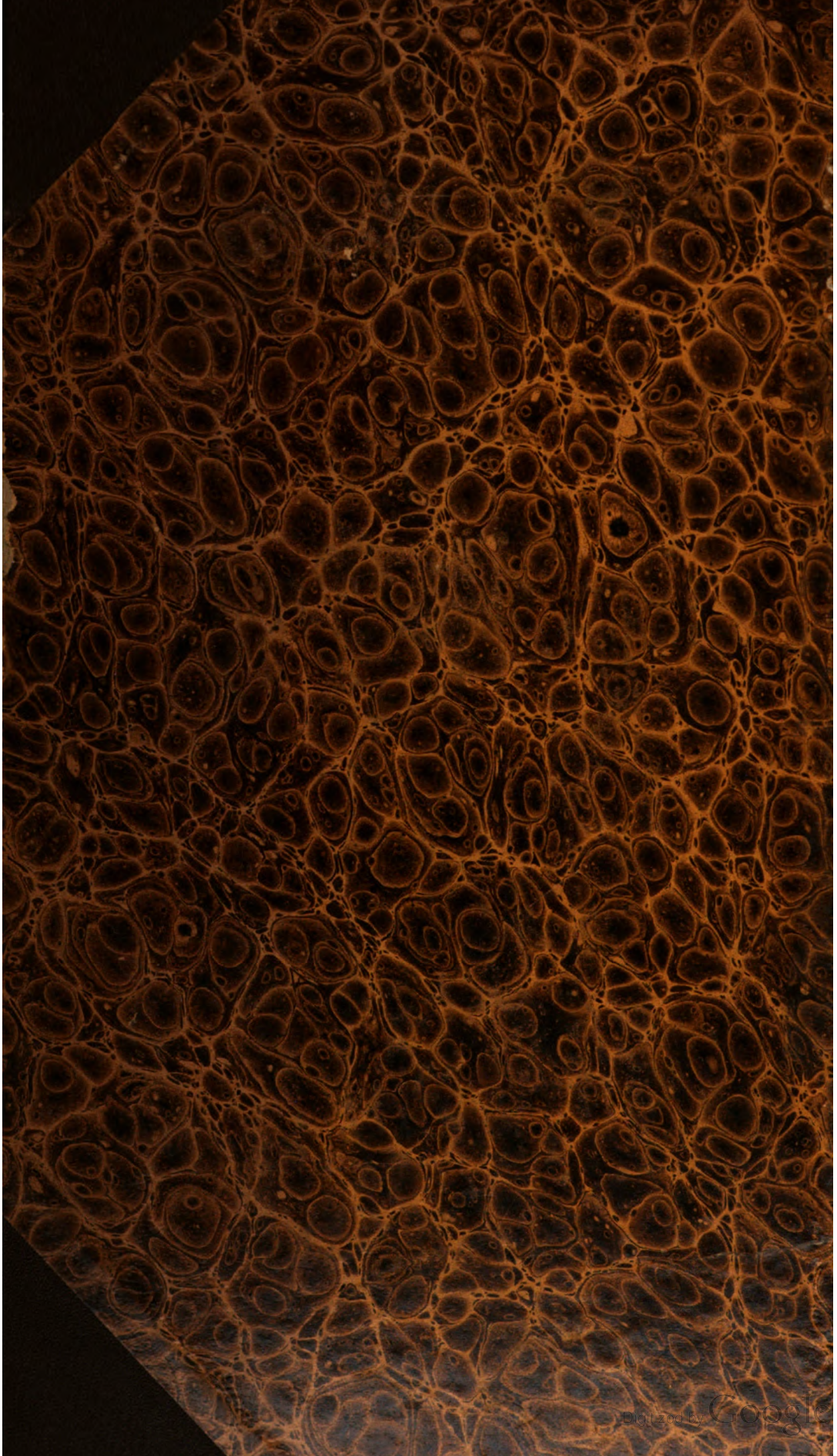
Digitized by Google

Digitized by Google

HC 3WNQ R

U. HOLZER
BINDER
BOSTON, MASS.

Digitized by Google


Digitized by Google